
***Commonwealth of Virginia
Department Of Medical
Assistance Services***

**Medallion 3.0
Data Book and Capitation Rates
Fiscal Year 2016:
Rates Effective
July 1, 2015**

June 2015

Submitted by:

PricewaterhouseCoopers LLP
Three Embarcadero Center
San Francisco, CA 94111





Mr. William J. Lessard, Jr.
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

June 24, 2015

Dear Bill:

Re: FY 2016 Medallion 3.0 Data Book and Capitation Rates

The enclosed report provides a detailed description of the methodology used for calculating capitation rates for the Virginia Medicaid Medallion 3.0 program. The methods used for calculating these costs are consistent with Centers for Medicare and Medicaid Services requirements that the capitation rates be actuarially sound and appropriate for the population covered by the program.

Please call Sandra Hunt at 415/498-5365 or Susan Maerki at 415/498-5394 if you have any questions regarding these capitation rates.

Sandra Hunt, Partner, Susan Maerki, Project Manager, and Peter Davidson, Lead Actuary oversaw the development of these rates.

Very Truly Yours,

PricewaterhouseCoopers

PricewaterhouseCoopers LLP



**Actuarial Certification of
Proposed FY 2016 Medallion 3.0 Capitation Rates
Commonwealth of Virginia Department of Medical Assistance Services**

I, Peter B. Davidson, am associated with the firm PricewaterhouseCoopers. I am a Member of the American Academy of Actuaries and meet its qualification standards to certify as to the actuarial soundness of the fiscal year 2016 capitation rates developed for the Medicaid managed care program known as the Medallion 3.0 program under the Virginia Department of Medical Assistance Services (DMAS) Medicaid program. This certification applies to the established Medallion 3.0 program. It is my opinion that all requirements of 42 CFR 438.6(c), with respect to the development of Medicaid managed care capitation rates, were satisfied in the development of the proposed capitation rates. I believe that the capitation rates are appropriate for the populations to be covered and the services to be furnished under the contract. The capitation rates are based solely on the projected costs for State Plan services. Detailed descriptions of the original methodology and assumptions used in the development of the capitation rates are contained in the capitation rate setting report. In the development of the proposed capitation rates, I relied on enrollment, encounter, and other data provided by the Virginia Department of Medical Assistance Services and the participating contracted health plans. I reviewed the data for reasonableness; however, I performed no independent verification and take no responsibility as to the accuracy of these data. The proposed actuarially sound rates shown are a projection of future events. It may be expected that actual experience will vary from the values shown here. Actuarial methods, considerations, and analyses used in developing the proposed capitation rates conform to the appropriate Standards of Practice promulgated from time to time by the Actuarial Standards Board.

The capitation rates may not be appropriate for any specific health plan. Each health plan will need to review the rates in relation to the benefits provided. The health plan should compare the rates with their own experience, expenses, capital and surplus, and profit requirements prior to agreeing to contract with the State. The health plan may require rates above, equal to, or below the proposed capitation rates.

A handwritten signature in black ink that reads "Peter B. Davidson".

Peter B. Davidson, FSA
Member, American Academy of Actuaries

June 24, 2015

Date

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2016 Medallion 3.0 Report

Item		Location	Comments
AA.1.0	Overview of Rate setting Methodology	Entire Report	
AA.1.1	Actuarial Certification	Pages i-v	Section Actuarial Certification
AA.1.2	Projection of Expenditures	NA	Performed by DMAS Budget Department
AA.1.3	Procurement, Prior Approval and Rate setting	NA	State Set Rates
AA.1.5	Risk contracts	NA	Medallion 3.0 contract specifies that capitation is payment in full
AA.1.6	Limit on Payment to other providers	NA	DMAS limits payments
AA.1.7	Rate Modifications	Rates from July 1, 2015 to June 30, 2016. Introduction and various locations	Rates are FY 2016 from July 1, 2015 to June 30, 2016.
AA.2.0	Base Year Utilization and Cost Data	LIFC/ABAD Pages 8-17; Exh II: 1a-1b AA/FC Pages 32-33; Exh III MCO:1a-1b, Exh III FFS: 1a-1b ALTC/HAP Pages 41-42; Exh IV MCO/FFS: 1a-1b;	Paid Claims Data including MCO Encounter MCO Encounter and FFS Data for AA/FC MCO Encounter ALTC and FFS HAP
AA.2.1	Medicaid Eligibles under the Contract	Pages 2-4	Data submitted by participating MCOs matched to DMAS eligibility and capitation payment files
AA.2.2	Dual Eligibles	NA	Duals not eligible
AA.2.3	Spenddown	NA	Individuals on spend down are not eligible
AA.2.4	State Plan Services only	NA	Data submitted by participating MCOs is limited to State plan or State plan substitute services
AA.2.5	Services that may be covered out of contract savings	NA	Data submitted by participating MCOs is limited to State plan services

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2016 Medallion 3.0 Report

Item		Location	Comments
AA.3.0	Adjustments to Base Year Data	LIFC/ABAD Pages 18-22; Exh II: 2a-2i AA/FC Pages 33-39; Exh III MCO: 2a-2i, Exh III FFS: 2a-2k ALTC/HAP: Pages 42-43; Exh IV MCO: 2a-2i Pages 45-48; Exh IV FFS: 2a-2j	Program and Policy Adjustments, and Other Adjustments
AA.3.1	Benefit Differences	NA	
AA.3.2	Administrative Cost Allowance Calculations	LIFC/ABAD Pages 25 Exh II 2j AA/FC Page 35 Exh III MCO 2j, Exh III FFS 2l ALTC/HAP: Page 44 Exh IV MCO 2j, Exh IV FFS 2k	
AA.3.3	Special Populations' Adjustments	AA/FC Pages 33-39; Exh III MCO: 2a-2i, ALTC/HAP Pages 42-43; Exh IV MCO	Adjustments for HAP MCO expansion and blending with ALTC and MCO Expansion with AA/FC
AA.3.4	Eligibility Adjustments	NA	Eligibility adjustments are not needed due to use of encounter data
AA.3.5	DSH Payments	NA	DMAS pays DSH directly to facilities
AA.3.6	Third Party Liability	NA	Claims net of TPL; MCOs will collect TPL
AA.3.7	Co-payments, Coinsurance and Deductibles in Capitated Rates	NA	None required or collected
AA.3.8	Graduate Medical Education	NA	GME payments are made directly to providers
AA.3.9	FQHC and RHC Reimbursement	NA	DMAS pays cost settlement and prospective payment amounts directly to facilities
AA.3.10	Medical Cost / Trend Inflation	LIFC/ABAD Pages 22-25; Exh II: 3a-3c AA/FC Page 36; Exh III MCO: 3a-3b, Page 38-39 Exh III FFS: 3a-3b ALTC/HAP: Page 45; Exh IV MCO: 3a-3b Pages 48-49; Exh IV FFS: 3a-3b	Trend Adjustment

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2016 Medallion 3.0 Report

Item		Location	Comments
AA.3.11	Utilization Adjustments	NA	Changes in utilization over time are accounted for in medical trend
AA.3.12	Utilization and Cost Assumptions	NA	Mandatory Program
AA.3.13	Post-Eligibility Treatment of Income	NA	Institutionalized individuals are excluded
AA.3.14	Incomplete Data Adjustment	LIFC/ABAD Pages 22-25; Exh II: 3a-3c AA/FC Page 36; Exh III MCO: 3a-3b, Page 38-39 Exh III FFS: 3a-3b ALTC/HAP: Page 45; Exh IV MCO: 3a-3b Pages 48-49; Exh IV FFS: 3a-3b	Part of Trend Adjustment
AA.4.0	Establish Rate Category Groupings	Page 2	
AA.4.1	Age	Page 2	Rates vary by age
AA.4.2	Gender	Page 2	Rates vary by gender where material
AA.4.3	Locality / Region	Page 2	Rates vary by Rate Regions
AA.4.4	Eligibility Categories	Page 2	Rates vary by eligibility
AA.5.0	Data Smoothing	Page 11	Use two years of base data; rate cell blending and other high cost claims
AA 5.1	Special Population and Assessment of the Data for Distortions	LIFC/ABAD Pages 22-25; Exh II: 3a-3c AA/FC Page 38; Exh III FFS 2k ALTC/HAP: Page 48; Exh IV FFS 2j	Removal of high cost inpatient claims above \$100,000 for trend evaluation; Other high cost claims FFS FC/AA and FFS HAP Managed Care adjustment with adjustment for outliers and risk adjustment
AA.5.2	Cost-neutral data smoothing adjustment	Page 16-17	Use two years of base data; redistribution of inpatient hospital claims >\$250,000
AA.5.3	Risk Adjustment	LIFC/ABAD Pages 26-28; Exh II: 6, 7a-7g AA/FC Page 38; Exh III FFS 2k ALTC/HAP: Page 46; Table IV.3, Page 48, Table IV.4, Exh IV FFS 2k	CDPS risk adjustment for LIFC/ABAD (FFS AA/FC and HAP included in Managed Care adjustment)

Virginia Department of Medical Assistance Services
Crosswalk from CMS Rate Setting Checklist to FY 2016 Medallion 3.0 Report

Item		Location	Comments
AA.6.0	Stop Loss, Reinsurance or Risk Sharing arrangements	LIFC/ABAD Page 28-31; Exh II: 8b, 9a-9g AA/FC Page 39; Exh III 6 ALTC/HAP Pages 49-50, Ex IV.6	Reinsurance for 90% of drug cost above \$150,000 annual per member per year threshold.
AA.6.1	Commercial Reinsurance	NA	Responsibility of MCO. DMAS will no longer require MCOs to obtain reinsurance, effective FY 2014.
AA.6.2	Simple stop loss program	NA	DMAS does not provide
AA.6.3	Risk corridor program	NA	DMAS does not provide
AA.7.0	Incentive Arrangements	Performance Incentive Award, Pages 33-34	Applies to all Medallion 3.0 programs starting in FY 2016

Table of Contents

I. General Information	2
<hr/>	
Actuarial Certification	2
Certified Rates	3
Program Information	3
Managed Care Programs	3
Rating Period	3
Covered Populations	3
Covered Services	3
Data	4
Description of the Data	4
Types of Data	4
Age of Data	4
Data Sources	5
Subcapitation Data	5
Availability and Quality of the Data	5
Validation	5
Data Concerns	5
Data Changes	5
New Data Sources	5
Other Data Source Changes	6
Future Plans	6
Data Adjustments	6
Other Rate Development Considerations	7
<hr/>	
II. Overview of Medallion 3.0 Rate Development	8
<hr/>	
Medallion 3.0 program description	8
Databook	9
FY 2016 LIFC and ABAD Capitation Rate Calculations	18
LIFC and ABAD Historical health plan encounter data	19
Projected Benefit Costs: Base rate legislative and program adjustments applied to health plan encounter data	19

Projected Benefit Cost Trends: IBNR and trend applied to LIFC and ABAD encounter data	23
Base capitation rates: LIFC and ABAD	27
Health plan risk adjusted capitation rates	28
Additional adjustments	30
III. Adoption Assistance and Foster Care	35
Background	35
Databook	35
Projected Costs: MCO Adoption Assistance and Foster Care legislative and program adjustments	36
Projected Non Benefit Costs: MCO plan administrative adjustment	38
Projected Benefit Cost Trends: MCO Adoption Assistance and Foster Care trend and IBNR adjustments	39
Projected Benefit Costs: FFS Adoption Assistance and Foster Care legislative and program adjustments	39
Projected Benefit Cost Trends: FFS Adoption Assistance and Foster Care trend and IBNR adjustments	41
Base capitation rates: Adoption Assistance and Foster Care	42
IV. ALTC and Health and Acute Care Program	44
Background	44
Databook	44
Projected Benefit Costs: ALTC program adjustments	45
Projected Non Benefit Costs: ALTC plan administrative adjustment	47
Projected Benefit Cost Trends: ALTC trend and IBNR adjustments	47
Projected Benefit Costs: HAP program adjustments	49
Projected Benefit Cost Trends: HAP trend and IBNR adjustments	52
Capitation rates for ALTC and HAP	53
Additional Adjustments	53
Blended ALTC and HAP Expansion rates	54

Table of Exhibits

I. LIFC and ABAD Rate Development

MCO Base Data

Exhibit 1a Historical Eligibility and Claims – Health Plan Encounter Data – LIFC

Exhibit 1b Historical Eligibility and Claims – Health Plan Encounter Data – ABAD

MCO Health Plan Encounter Adjustments

Exhibit 2a Pharmacy Adjustment

Exhibit 2b Exempt Infant Formula Carveout Adjustment

Exhibit 2c Hospital Inpatient Adjustments

Exhibit 2d Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2e DME Fee Adjustment

Exhibit 2f Hepatitis C Treatment Adjustment

Exhibit 2g Provider Incentive Payment Adjustment

Exhibit 2h Emergency Room Triage Adjustment

Exhibit 2i Resource Based Relative Value Scale Adjustment

Exhibit 2j Administrative Cost Adjustment

Exhibit 3a IBNR, Policy/Program, and Trend Adjustments – LIFC Child Under 21

Exhibit 3b IBNR, Policy/Program, and Trend Adjustments – LIFC Adult 21 and Over

Exhibit 3c IBNR, Policy/Program, and Trend Adjustments – ABAD

MCO Rate Calculations

Exhibit 4a Capitation Rate Calculations – Health Plan Encounter Data – LIFC

Exhibit 4b Capitation Rate Calculations – Health Plan Encounter Data – ABAD

Exhibit 5a Summary of FY 2016 Base Capitation Rates – Before CDPS Adjustment

Exhibit 5b Comparison of FY 2015 and FY 2016 Base Capitation Rates – Before CDPS Adjustment

Exhibit 5c March 2015 Member Month Distribution

Exhibit 6 CDPS Rates Summary of Difference in Implied Cost – FY 2014 Diagnosis Codes using CDPS v5.4 and VA Specific Weights

MCO Rates with CDPS Adjustment

Exhibit 7a Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates with CDPS Adjustment

Exhibit 7b CoventryCares Medallion 3.0 Capitation Rates with CDPS Adjustment

Exhibit 7c InTotal Health Medallion 3.0 Capitation Rates with CDPS Adjustment

Exhibit 7d Kaiser Permanente Medallion 3.0 Capitation Rates with CDPS Adjustment

Exhibit 7e Optima Family Care Medallion 3.0 Capitation Rates with CDPS Adjustment

Exhibit 7f Virginia Premier Health Plan Medallion 3.0 Capitation Rates with CDPS Adjustment

Exhibit 7g Summary of Medallion 3.0 Regional Average Capitation Rates with CDPS Adjustment

Additional Adjustments

Exhibit 8a Drug Reinsurance Adjustment

Exhibit 8b Behavioral Health Home Adjustment - ABAD

Exhibit 8c Tidewater Physician Access Adjustment

MCO Rates Net of Drug Reinsurance Adjustment with Behavioral Home Health Adjustment and with CDPS Adjustment

Exhibit 9a Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates Net of Drug Reinsurance with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 9b CoventryCares Medallion 3.0 Capitation Rates Net Drug Reinsurance Adjustment with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 9c InTotal Health Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 9d Kaiser Permanente Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 9e Optima Family Care Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 9f Virginia Premier Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 9g Summary of Medallion 3.0 Regional Average Capitation Rates Net of Drug Reinsurance Adjustment with Behavioral Home Health Adjustment, Physician Access Adjustment and with CDPS Adjustment

Exhibit 10 County Listing by Region

II. Adoption Assistance and Foster Care

MCO Adoption Assistance and Foster Care Base Data

Exhibit 1a Historical Eligibility and Claims – MCO Adoption Assistance

Exhibit 1b Historical Eligibility and Claims – MCO Foster Care

MCO Encounter Adoption Assistance and Foster Care Adjustments

Exhibit 2a Pharmacy Adjustment

Exhibit 2b Exempt Infant Formula Carveout Adjustment

Exhibit 2c Hospital Inpatient Adjustments

Exhibit 2d Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2e DME Fee Adjustment

Exhibit 2f Hepatitis C Treatment Adjustment

Exhibit 2g Provider Incentive Payment Adjustment

Exhibit 2h Emergency Room Triage Adjustment

Exhibit 2i Resource Based Relative Value Scale Adjustment

Exhibit 2j Administrative Cost Adjustment

Exhibit 3a IBNR, Policy/Program, and Trend Adjustments –Adoption Assistance

Exhibit 3b IBNR, Policy/Program, and Trend Adjustments – Foster Care

MCO Capitation Rate Calculations for Adoption Assistance and Foster Care

Exhibit 4a Capitation Rate Calculations – MCO Encounter Data – Adoption Assistance

Exhibit 4b Capitation Rate Calculations - MCO Encounter Data – Foster Care

FFS Adoption Assistance and Foster Care Adjustments

Exhibit 1a Historical Eligibility and Claims – FFS Adoption Assistance

Exhibit 1b Historical Eligibility and Claims – FFS Foster Care

FFS Adoption Assistance and Foster Care Adjustments

- Exhibit 2a Pharmacy Adjustment
- Exhibit 2b Exempt Infant Formula Carveout Adjustment
- Exhibit 2c Hospital Inpatient Adjustments
- Exhibit 2d Freestanding Psychiatric Hospital Rate Adjustment
- Exhibit 2e Non-Emergency Transportation Adjustment
- Exhibit 2f DME Fee Adjustment
- Exhibit 2g Hepatitis C Treatment Adjustment
- Exhibit 2h Lab Fee Adjustment
- Exhibit 2i Emergency Room Triage Adjustment
- Exhibit 2j Resource Based Relative Value Scale Adjustment
- Exhibit 2k Managed Care Savings Adjustment
- Exhibit 2l Administrative Cost Adjustment
- Exhibit 3a IBNR, Policy/Program, and Trend Adjustments – Adoption Assistance
- Exhibit 3b IBNR, Policy/Program, and Trend Adjustments – Foster Care

FFS Capitation Rate Calculations for Adoption Assistance and Foster Care

- Exhibit 4a Capitation Rate Calculations - Fee for Service Data – Adoption Assistance
- Exhibit 4b Capitation Rate Calculations - Fee for Service Data – Foster Care

Capitation Rates for Adoption Assistance and Foster Care

- Exhibit 5a Summary of FY 2016 MCO Adoption Assistance and Foster Care Capitation Rates
- Exhibit 5b Summary of FY 2016 FFS Adoption Assistance and Foster Care Capitation Rates
- Exhibit 6 Drug Reinsurance Adjustment
- Exhibit 7 Blended Capitation Rate for MCO AA/FC and FFS AA/FC
- Exhibit 8 MCO March 2015 Member Month Distribution

III. Acute and Long Term Care and Health and Acute Care Program

MCO ALTC Base Data

Exhibit 1a Historical Eligibility and Claims – Health Plan Encounter ALTC Child

Exhibit 1a Historical Eligibility and Claims – Health Plan Encounter ALTC Adult

MCO Encounter ALTC Adjustments

Exhibit 2a Pharmacy Adjustment

Exhibit 2b Exempt Infant Formula Carveout Adjustment

Exhibit 2c Hospital Inpatient Adjustments

Exhibit 2d Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2e DME Fee Adjustment

Exhibit 2f Hepatitis C Treatment Adjustment

Exhibit 2g Provider Incentive Payment Adjustment

Exhibit 2h Emergency Room Triage Adjustment

Exhibit 2i Resource Based Relative Value Scale Adjustment

Exhibit 2j Administrative Cost Adjustment

Exhibit 3a IBNR, Policy/Program, and Trend Adjustments – Health Plan Encounter ALTC Child

Exhibit 3b IBNR, Policy/Program, and Trend Adjustments – Health Plan Encounter ALTC Adult

MCO ALTC Rate Calculations

Exhibit 4a Capitation Rate Calculations - Health Plan Encounter ALTC Child

Exhibit 4a Capitation Rate Calculations - Health Plan Encounter ALTC Adult

Fee-for-Service HAP Base Data

Exhibit 1b Historical Eligibility and Claims –Fee-for-Service Data HAP Child

Exhibit 1b Historical Eligibility and Claims –Fee-for-Service Data HAP Adult

Fee-for-Service Data HAP Adjustments

Exhibit 2a Pharmacy Adjustment

Exhibit 2b Exempt Infant Formula Carveout Adjustment

Exhibit 2c Hospital Inpatient Adjustments

Exhibit 2d Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2e Non-Emergency Transportation Adjustment

Exhibit 2f Emergency Transportation Adjustment

Exhibit 2g DME Fee Adjustment

Exhibit 2h Lab Fee Adjustment

Exhibit 2i Hepatitis C Treatment Adjustment

Exhibit 2j Managed Care Adjustment

Exhibit 2k Administrative Cost Adjustment

Exhibit 3a IBNR, Policy/Program and Trend Adjustments – FFS HAP Child

Exhibit 3b IBNR, Policy/Program and Trend Adjustments – FFS HAP Adult

Fee-for-Service HAP Rate Calculations

Exhibit 4a Capitation Rate Calculations – Fee for Service Data – HAP Child

Exhibit 4b Capitation Rate Calculations – Fee for Service Data – HAP Adult

Capitation rates for ALTC and HAP

Exhibit 5a Summary of FY 2016 MCO ALTC Capitation Rates – Child and Adult

Exhibit 5b Summary of FY 2016 FFS HAP Capitation Rates - Child and Adult

Exhibit 6 Drug Reinsurance Adjustment

Exhibit 7 Blended Capitation Rate for FFS HAP and MCO ALTC

Exhibit 8 MCO ALTC March 2015 Member Month Distribution

***Virginia Medicaid Medallion 3.0
Data Book and Proposed Capitation Rates
Fiscal Year 2016
For Rates Effective July 1, 2015***

***Prepared by PricewaterhouseCoopers LLP
June 2015***

Background

PricewaterhouseCoopers LLP (PwC) has prepared a report describing the calculation of the State Fiscal Year 2016 capitation rates for the Virginia Medicaid Medallion 3.0 program in effect for the period July 1, 2015 to June 30, 2016. This covers the longstanding Medicaid managed care program for Medicaid eligibles in the Low Income Families and Children (LIFC) and Medicaid only Aged, Blind and Disabled (ABAD) aid categories. It also covers the recent managed care population expansions for Adoption Assistance and Foster Care (AA/FC) and those who are eligible for select waiver services under the Health and Acute Care Program (HAP).

This report and the accompanying actuarial certification provides documentation for the development of actuarially sound capitation rates. The documentation has been developed to demonstrate compliance with regulations and guidance issued by the Centers for Medicare and Medicaid Services (CMS) and the recent 2015 Managed Care Rate Setting Consultation Guide, released by CMS in September 2014.

This information will help CMS and The Commonwealth of Virginia, Department of Medical Assistance ensure that the Medallion 3.0 Medicaid managed care rates meet three sets of standards:

- Medicaid managed care capitation rates and the rate development process comply with all applicable laws, regulations, and other guidance for Medicaid managed care, including that the rates have been developed in accordance with generally accepted actuarial principles and practices.
- The rate development reflects, as appropriate, program compliance with all applicable laws, regulation, and other guidance for the Medicaid program, including but not limited to eligibility, benefits, financing, any applicable waiver or demonstration requirements, and program integrity.
- The final capitation rates must be reasonable, and the documentation must be sufficient to demonstrate that the rates comply with applicable law.

Regulations issued by the Centers for Medicare and Medicaid Services (CMS) under 42 CFR §438.6(c) govern the development of capitation payments for Medicaid managed care programs. These regulations require that rates be “actuarially sound.” While there are no definitive criteria for determining actuarial soundness for Medicaid managed care programs, CMS has issued a checklist that provides guidance and issued a Managed Care Rate Setting Consultation Guide in late 2014. We have followed that checklist in developing the rates shown here and have included a checklist review as a supplement to the actuarial certification. The final rates will be established through signed contracts with health plans, which will ensure that the plans concur that the rates paid will allow for contracting with sufficient numbers of providers to ensure appropriate access to health care and that they expect to remain financially sound throughout the contract period.

The general guidelines for developing actuarially sound payment rates encompass the following concepts:

- Data appropriate for the population to be covered by the managed care program should be used for the analysis;
- Payment rates should be sufficiently differentiated to reflect known variation in per capita costs related to age, gender, Medicaid eligibility category, and health status;
- Where rate cells have relatively small numbers of individuals, cost neutral data smoothing techniques should be used;
- Medicaid fee-for-service (FFS) payment rates per unit of service are an appropriate benchmark for developing capitation rates;
- Differences in expected utilization rates between fee-for-service and managed care programs should be accounted for;
- Appropriate levels of health plan administrative costs should be included in the rates;
- Programmatic changes in the Medicaid program between the data and contract period should be reflected in the rates; and
- A range of appropriate rates could emerge from the rate-setting process and an upper and lower bound may be developed

I. General Information

This section provides information listed under the General Information section of the 2015 Managed Care Rate Setting Consultation Guide. It is an overview of the rate development for three population groups included in the Virginia Medallion 3.0 program. Details regarding the rate development for each population are incorporated in three separate sections of the report.

Actuarial Certification

The actuarial certification, signed by Peter B. Davidson, follows the introductory letter from PricewaterhouseCoopers. Mr. Davidson meets the qualification standards established by the American Academy

of Actuaries and complies with the Actuarial Practice Standards Board requirements in certifying the final rates meet the standards in 42 CFR §438.6(c).

Certified Rates

The certified capitation rates are presented in separate exhibits for the three population groups.

LIFC/ABAD Base Rates, Section II, Exhibit 5a and Risk Adjusted, Behavior Health Home and Physician Access Adjusted Rates Net of Reinsurance, Section II, Exhibits 9a -9f

Adoption Assistance/Foster Care, Section III, Exhibit 7

ALTC/HAP, Section IV, Exhibit 7

Program Information

Managed Care Programs

This report includes capitation rate development for the Virginia Medallion 3.0 program. This combines the previous Medallion II population which covers the Low Income Families and Children (LIFC) and Aged, Blind and Disabled (ABAD) populations, and two recent expansion groups, Adoption Assistance and Foster Children (AA/FC), and the Acute and Long Term Care and Health and Acute Care Program (ALTC/HAP) populations.

Rating Period

The rate report and discussion is for capitation payments to be made in State Fiscal Year 2016, with effective dates from July 1, 2015 to June 30, 2016.

Covered Populations

The description of each of the populations is presented in the introductory paragraphs of Sections II to IV.

Covered Services

The services covered by the health plans are the same for each of the populations groups. Managed care plans are responsible for nearly the full range of acute health services, with certain specific exceptions. Managed care plans are not responsible for the ingredient cost of immunizations if providers participate in the Vaccines for Children program, for school-based health services, for some behavioral health services, dental services, and for the Early Intervention (Part C) services. Managed care plans are also not responsible for the home and community based services for the ALTC/HAP populations.

Data

The following subsections describe the data that is used for the Medallion 3.0 managed care rate development.

Description of the Data

Types of Data

The established Medicaid managed care programs use managed care organization (MCO) encounter data. The more recent population expansion programs, which fall under Medallion 3.0 program, use DMAS FFS claims data or a combination of MCO encounter data and the DMAS FFS claims data.

The type of data that may be used includes:

- Virginia Medicaid eligibility and capitation payment files;
- FFS data for the population covered by recent managed care program expansions;
- Health plan encounter data for the population in managed care;
- Health plan vendor payments for subcontracted services;
- Health plan encounter data for other populations, with appropriate adjustments to reflect utilization patterns of Medicaid enrollees;
- For some components of the analysis, health plan financial data;
- Other administrative data, such as the health insurance premium fee assessment;
- For some components of the analysis, data from other Medicaid programs.

Age of Data

The historical data period used to develop the rates is the same for each of the three population groups. Base data covers the two year period, State Fiscal Years 2013 and 2014 covering the period from July 1, 2012 to June 30, 2014. The contract period trend development uses three years of data, and is based upon SFY 2012 through February 2015.

Data Sources

The primary sources of data are:

Source	Data
Virginia DMAS	Medicaid Eligibility File (monthly) Capitation Payment invoice files (monthly) FFS paid claims files (monthly) Administrative data, as needed
Participating Health Plans	MCO encounter data (annual submission with updates) MCO subcapitation and vendor payment data Financial data as submitted to the Virginia Bureau of Insurance (annual) Administrative data, as requested

Subcapitation Data

Subcapitation data submitted by the health plan is primarily for vision and non-emergency transportation. Some plans have vendor arrangements for laboratory services. Two plans have subcapitation vendors for behavioral and mental health services. There is limited primary care professional services capitation.

Availability and Quality of the Data

Validation

The description of the data validation process is presented in Section II under the heading Datebook.

Data Concerns

Data concerns, including any adjustments, review for outliers, or data smoothing are described separately for the three population groups. For all populations, the processing redistributes “shock” claims, primarily inpatient hospital claims, if the paid amount is greater than \$250,000. All inpatient hospital trend models search for claims that exceed \$100,000 and remove the dollars greater than that amount before evaluating trend model results. Other data concerns, such as small numbers in rate cells, may result in combining rate cells. In trend evaluation, if there are small numbers of member months or claims payments, an all services trend may be applied rather than a trend by service categories. Alternatively, trend developed for a similar population may be used, such as applying LIFC Child trend to the Adoption Assistance or Foster Care population.

Data Changes

New Data Sources

Kaiser Permanente health plan joined the Medallion 3.0 managed care program in November 2013 and submitted encounter data for the period November 2013 to June 2014 with run out through February 2015. It operates in the Northern Virginia region and total enrollment as of June 2014 was 2,769 across all managed care population

aid categories. Looking only at the FY 2014 period, the Kaiser population represents 1.3% of payments and 0.7% of the member months (MM) in NOVA. This dips to 0.2% of payment and 0.15% of the enrolled population when compared to the statewide total.

The Kaiser data was incorporated into the historical base as is, with the exception of repricing of professional claims paid to Kaiser salaried physicians. These professional paid amounts were submitted as if they had been paid at the Medicare fee schedule. Those paid amounts were re-priced as if they were paid at 90% of the Medicare Washington DC-Baltimore MD – Northern Virginia fee schedule, similar to the percent of Medicare that Kaiser paid to external physicians. Total Kaiser paid amounts represented less than 1.5% of the Northern Virginia region total paid amounts and less than 0.2% of total paid claims in the base historical data. We expect this proportion to increase as Kaiser continues to increase enrollment.

As of November 2013, the Virginia Department of Medical Assistance Services (DMAS) entered into a vendor relationship with Magellan for Administrative Services Organization management and payment of behavioral and mental health services. Magellan is responsible for the management and payment of inpatient and outpatient hospital and professional behavioral and mental health services for all Medicaid eligibles who receive care through the Fee for Service (FFS) Medicaid program. It is also responsible for the management and payment of other behavioral and mental health services covered by the Medicaid program but are carved out of the MCO service responsibility.

Magellan paid claims data from November 2013 to June 2014, with run out through February 2015, was used to supplement and complete the historical data for the expansion populations with rate development that used DMAS FFS invoice data. This includes the Adoption Assistance, Foster Care, and Health and Acute Care Program eligibles.

Other Data Source Changes

There are no other changes in the source of data.

Future Plans

Not Applicable at this time.

Data Adjustments

Data adjustments for policy and program changes between the historical base data period and the contract period may vary by the three population programs under Medallion 3.0 and are described in the separate sections that follow. In most cases, the same policy and program adjustments are applied to all three populations. The methodology to develop the data adjustment will be the same, although adjustment values may vary given the different utilization and cost of services among the populations. Adjustments for Medallion 3.0 LIFC and ABAD population are described in Section II, Medallion 3.0 rate Development, under MCO Encounter Policy and Program Adjustments and presented in Exhibits 2a-2i and with additional adjustments in Exhibits 8a and 8c. The adjustments for the Adoption Assistance and Foster Care program are described in Section III, Adoption Assistance and Foster Care, under AA/FC Encounter Policy and Program Adjustments and presented in Exhibits

2a-2i and Exhibit 6 for the MCO population and presented in Exhibits 2a-2k for the FFS population. The adjustments for the ALTC/HAP program are described in Section IV, ALTC and Health and Acute Care Program, under ALTC/HAP Policy and Program Adjustments and presented in Exhibits 2a-2i and Exhibit 6 for the MCO population and presented in Exhibits 2a-2j for the FFS population.

Risk adjustment is applied to rates developed for the LIFC and ABAD populations and is described in Section II, Medallion 3.0 rate Development.

Other Rate Development Considerations

Not applicable at this time.

II. Overview of Medallion 3.0 Rate Development

Medallion 3.0 program description

The Virginia Medallion 3.0 program provides health care coverage statewide to Medicaid members through a mandatory enrollment mechanism for designated eligibility categories. The primary exclusions are members who are dually eligible for Medicare and Medicaid, who have comprehensive private insurance as primary payer, who reside in nursing homes, and some members who are in a home and community based waiver. Rates are developed separately by aid category, age/gender group, and region to allow for automatic adjustment to payments when enrollment changes. In that way, any variation in the mix of enrollment by rate cell is automatically reflected in the payment amounts to the health plans.

Capitation rate cells for Medallion 3.0 vary based on the following criteria:

- **Aid Category.** Members eligible for participation in the programs include Low Income Families with Children (LIFC), and Aged, Blind, and Disabled (ABAD). In addition, the following LIFC and ABAD subgroups are in separate rate setting categories: Foster Care, Adoption Assistance and the combined Acute and Long Term Care (ALTC) and Health and Acute Care Program (HAP).
- **Demographics.** LIFC and ABAD capitation rates will be paid separately for the following age/gender groups: Under 1, 1-5, 6-14, 15-20 Female, 15-20 Male, 21-44 Female, 21-44 Male, and 45 and Over. The ALTC/HAP group has separate capitation rates for over and under 21. There are no age rate cells for the foster care and adoption assistance rate cells; all eligibles are under 21.
- **Region.** The state is divided into seven rate regions for LIFC and ABAD: Northern Virginia, Other Metropolitan Statistical Area (Other MSA), Richmond and Charlottesville, Rural, Tidewater, Roanoke-Alleghany, and Far Southwest. As the result of an expansion effective January 1, 2012, the Roanoke-Alleghany region was carved out of a combination of cities and counties previously assigned to the Other MSA and Rural regions plus four new localities in the Alleghany area. Far Southwest was established July 1, 2012 and is composed of the 15 FIPS codes that had been Primary Care Case Management (PCCM), Fee-for-Service only. Of the 15 counties, three were previously assigned to Other MSA and 12 were assigned to the Rural region. Statewide rates are developed for the Foster Care, Adoption Assistance and ALTC/HAP rate cells.

Managed care plans are responsible for nearly the full range of acute health services, with certain specific exceptions. Managed care plans are not responsible for the ingredient cost of immunizations if providers participate in the Vaccines for Children program, for school-based health services, for some behavioral health services, dental services, and for the Early Intervention (Part C) services.

Payments to managed care plans for Medallion 3.0 are subject to federal rules. As a Medicaid program, the state must comply with federal regulations set forth by CMS regarding payment levels. Specifically, payments to managed care plans must be actuarially sound. To develop proposed capitation rates, we analyzed the health plan encounter data from the established plans in the Medallion 3.0 program. Individual health plan data were separately reviewed by rate category and region and then combined across health plans for each geographic region of the state. Adjustments were made to reflect modifications of payment arrangements under the Virginia Medicaid FFS program, which are assumed to be shadowed by the health plans in their provider arrangements, and payment rates were updated to reflect the contract period covered by these rates. Under the regulations, health plan administrative costs may be explicitly added to the payment amounts, and we have done so in this analysis. Finally, LIFC and ABAD rates are adjusted for differences in health status among health plans within each geographic region.

Databook

In this section, we describe the data available to PwC for developing the capitation rates and the process used for selecting the claims and the individuals that are ultimately included in the rate development process. We also describe the adjustments that are made to the data in the early stages of the rate development process.

Rate setting data sources

A first step in developing capitation rates is to identify the data that will be used for the calculations. The CMS checklist calls for use of data that is appropriate for the population to be covered by the program and no more than five years old. A number of sources of data may be considered appropriate. The types of data used for the rate development include those listed under Data Sources in Section I.

The historical data used to develop the FY 2016 base rates includes health plan incurred claims and sub capitation payments for FY 2013 and FY 2014 (July 1, 2012 to June 30, 2014), with run-out through October 2014. Analysis for development of contract period trend includes incurred claims from July 2011 through December 2014 (for all service categories except inpatient hospital), with run-out through February 2015.

FFS data for populations included in the managed care expansions used the same time periods to develop the historical base data. This report uses incurred claims for FY 2013 and FY 2014 with run-out through February 2015.

Supplemental and diagnostic components of the health plan data are used for certain portions of the analysis. Specifically, we incorporated health plan data related to:

- Capitation arrangements with subcontractors;
- Supplemental payments, such as physician incentives and case management fees, not already reflected in the encounter data;
- Prescription drug purchasing arrangements, including rebates;
- Health plan administrative costs; and
- Medical claims data sufficient to calculate diagnostic risk assessment factors.

Managed care expansions and changes in MCO service areas FY 2012 to FY 2014

We considered managed care expansions in the Medallion 3.0 program during the base data period, FY 2013 to FY 2014, the period evaluated for contract period trend, July 2011 to August 2014, and changes that will occur in FY 2016. A number of program changes were important for the FY 2016 rate development and required supplemental analysis.

- Effective January 1, 2012, there was an MCO expansion into the Roanoke-Alleghany area. A separate Roanoke-Alleghany rate setting region was established. Previously this had been a region with combined PCCM and Medallion 3.0 members served by one MCO. A new MCO, MajestaCare, entered that market with this expansion. Rates for the Roanoke-Alleghany expansion initially were developed by blending the historical experience of the FFS program and MCO data. We now have two years of MCO health plan data for the region for FY 2016 rate development, including the historical data for MajestaCare.
- There was a MCO expansion into the Far Southwest region effective July 1, 2012, creating a new region, Far Southwest. The counties affected are shown in Exhibit 12. This area had not been served by any of the contracted MCOs and Medicaid members were converted from PCCM only to mandatory managed care for Medallion 3.0 and FAMIS eligible enrollees. Initially rates were based on FFS data. We now have two years of MCO health plan data for the region for the FY 2016 rate development.
- Effective November 1, 2011, a pilot managed care program for Foster Care began in Richmond City. These members were not previously enrolled in managed care. Approximately 150 foster care children were enrolled in MCOs in Richmond City through the fall of 2013. Effective FY 2014, this program began a “staggered by region” statewide expansion to children in both Foster Care and Adoption Assistance programs. Expansion began in the Tidewater region September 1, 2013 and was statewide by June 2014. The Foster Care and Adoption Assistance rate development uses both the FY 2013 and FY 2014 Medicaid FFS claims and the new MCO encounter data as the historical base.
- MCO members who become eligible to participate in home and community-based services (HCBS) waivers remain in Medallion 3.0 for access to acute care services. This population is referred to as the Acute and Long-Term Care (ALTC) population. These are higher cost members, and they are growing as a proportion of all MCO plan members. Effective December 1, 2014, DMAS enrolled all Medicaid FFS eligibles that are in the Elderly or Disabled with Consumer Direction HCBS waiver into the MCOs. This expansion is named Health and Acute Care Program (HAP). The HAP population is combined with the existing ALTC population that is enrolled in the MCOs. The FY 2016 rate development uses both the FY 2013 and FY 2014 Medicaid FFS claims for the new HAP population and MCO encounter data for the existing ALTC population as the historical base for the ALTC/HAP waiver group.

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- There continues to be growth in Medicaid enrollment and the Medallion 3.0 managed care population over the past three years. We examined this growth in the context of age/gender rate mix changes and used that analysis in the analysis of trends for each of the population groups.

There were changes in some health plan service areas during the FY 2013 to FY 2014 period. None of these required adjustment to the historical data used in the FY 2016 rate setting process.

- In 2012, Wellpoint, the parent company of Anthem, acquired Amerigroup. Prior to completing the acquisition, the Amerigroup Virginia business was sold to InTotal Health, a subsidiary of Inova Health Systems. This does not affect the historical encounter data used for rate setting or the CDPS Risk Adjustment scores. Since then, Wellpoint has changed the corporate name to Anthem and references to the Virginia plan use the name Anthem Healthkeepers.
- Kaiser Permanente Health Plan joined the Medallion 3.0 program in November 2013. At present, it operates only in the Northern Virginia region. As a new plan, it submitted encounter data for the first time this year. Although enrollment is increasing, it is a small plan and will be paid the base capitation rates without CDPS risk adjustment for FY 2016 with adjustments for drug reinsurance.
- MajestaCare, a plan operating in the Roanoke-Alleghany and Far Southwest regions, withdrew from the Medallion 3.0 program effective December 1, 2014. Approximately 10,400 MajestaCare members were assigned to the other health plans operating in those regions. MajestaCare submitted encounter data for the FY 2016 rate development and that data is included in the historical data.

Overview of health plan encounter data processing

We worked with health plan representatives to review and analyze the health plan encounter data. The member month count and claim matching process uses the DMAS capitation payment file rather than the DMAS eligibility file as the record of health plan membership and the length of eligibility. Consistent with DMAS operations and the health plan contract terms, a person is assumed to be eligible for the full month for which a capitation payment is made. The calculation of age for rate cell groupings uses the first of the month rather than the last of the month.

After initial cleaning to remove duplicate claims and claims incurred outside of the historical base data period, members and their associated claims may be dropped due to missing or invalid ID, assignment to an aid category that is not included in the Medallion 3.0 program, or claims that were incurred outside of the member eligibility period. We have included all claims and eligibility periods for members with an overlapping Medicare-Medicaid or other comprehensive TPL segment if we also have a record of a capitation payment¹.

¹ Although the Medicare-Medicaid dual eligible population and those with other comprehensive insurance (Third Party Liability or TPL) are not supposed to be enrolled in the Medallion 3.0 program, the other coverage is not always known at the time of enrollment. Dual eligibles and members with TPL are disenrolled from the MCO

The FY 2016 newborn processing requires multiple steps. DMAS policy provides three months for the mother and the health plan to submit the necessary documentation to obtain a permanent ID for an eligible newborn. There is also a separate reconciliation process where MCOs submit information on the number of newborns to be reimbursed for capitation payments due to coverage during the three-month temporary eligibility period. Capitation payments for the newborn may not be reflected in the capitation payment file until at least a few months after the birth.

We make an adjustment to count member months for the period up until a newborn is assigned a permanent Medicaid identification number. This is based on checking the first nine digits of the newborn ID to match the mother ID, checking for the mother's eligibility, and then imputing up to three months of membership based on the first record of a newborn capitation payment made within four months of the birth. However, during FY 2014 rate development we learned that a newborn ID does not necessarily link to the mother's ID. In not identifying all newborns, the imputed member months were underestimated.

In FY 2014, we revised the process to look at the birth date on the capitation payment file to identify all newborns in the past three years who had a capitation payment within the first four months of birth. These newborn IDs are captured and then compared to the DMAS eligibility file to confirm the newborn eligibility before the first month of capitation payment. Up to three months of eligibility, the month of birth and the two months following, can be added to the member month count.

Newborn claims that still could not be matched to a newborn ID are first assigned based on the health plan encounter record information. As a final step, non-matched newborns and their claims are allocated based on each plan's matched newborn distribution by aid category and region.

Subcapitated service costs were added based on PMPM values or the claims information provided by the plans. The member months are calculated by PwC from the DMAS capitation payment file, rather than the member months provided by the health plans. For plans that pay for mental health services on a capitated basis, mental health capitation payment were distributed between the ABAD and LIFC and other eligibility categories and mental health hospital inpatient and mental health professional services categories based upon the distribution of mental health claims submitted by the health plans that provide complete FFS mental health claims data. This is the allocation method that has been used in the past eight years of Medallion 3.0 rate setting.

As noted in past reports, we believe that the PMPM values appropriately represent the total cost of services provided to the health plan's enrolled membership. We did not always receive, nor have we tested, the unit/encounter counts for the capitated and subcontractor services.

when they are identified. Plans are responsible for claims payment and for collecting Medicare or third party payments as long as the person remains enrolled in a Medallion 3.0 plan.

PwC summarized the health plan encounter data by aid category, state fiscal year, region, demographic group, and service category. The claims included in the historical database include health plan paid amounts, which are net of any third party insurance payments and copayments.

Similar edits and processing are used to summarize the FFS claims data for the managed care expansion populations. Because all payments are FFS, this summarization does not require separate consideration of newborns, or allocation of mental and behavioral health. Only non-emergency transportation is paid as a vendor subcapitation payment under the FFS program. In the summarization process, unit counts were determined for each service category. Table 1, Service Unit Definitions, describes the types of units that were counted for each detailed service category. In the table, “Units” indicates the actual unit counts that were recorded on each claim; in particular, the methodology for deriving unit counts for professional services may vary by data source and health plan. “Claims” or “Prescriptions” or “Record Counts” refers to a count of “1” for each claim record in the historical database. This count is used for services in which recorded units are not meaningful, such as for pharmacy where the units recorded are often the number of pills dispensed. “Admits” are used for inpatient units with the exception of inpatient psychiatric, and represent the number of inpatient admits that were paid by the program. The unit for inpatient psychiatric is “days.”

Table 1
Service Unit Definitions

Service Category	Unit Count	Multiple Units
DME/Supplies	Record Counts	
FQHC/RHC	Units	Yes
Home Health Services	Claims	
Inpatient – Maternity	Admits	
Inpatient – Newborn	Admits	
Inpatient – Other	Admits	
Inpatient – Psych	Days	
Lab	Record Counts	
Outpatient – Emergency Room	Claims	
Outpatient – Other	Claims	
Pharmacy	Prescriptions	
Professional – Anesthesia	Record Counts	
Professional – Child EPSDT	Record Counts	
Professional – Evaluation & Management	Record Counts	
Professional – Maternity	Record Counts	

Table 1 continued
Service Unit Definitions

Professional – Other	Record Counts	
Professional – Psych	Record Counts	
Professional – Specialist	Record Counts	
Professional – Vision	Record Counts	
Radiology	Record Counts	
Transportation	Record Counts	

The claims and eligibility information used in this report includes data only for Medicaid members who are eligible for the managed care program based on their eligibility category and service use during the data period.

Validation: Review of the health plan encounter data

Health plans are required to submit a certification to DMAS with each annual data submission and with any data updates. This must be signed by the Chief Actuary, Chief Financial Officer, or Chief Executive Officer who certifies that the submission is a complete and accurate representation of their experience. Claims data that is paid under FFS arrangements is submitted as the actual paid amount.

The base capitation rates for FY 2016 are developed using a combination of health plan encounter data and DMAS fee-for-service data. Review of the submitted health plan encounter data followed six major steps:

1. Edit of records for logical exclusions
2. Edit of records against DMAS capitation payment file
3. Summary of health plan FFS paid claims
4. Addition of capitated and subcontractor services
5. Verification of health plan data submission
6. Aggregation of data across all health plans

Two sets of edits were applied to each health plan's submitted data. The first level of edit tested for logical conditions for the historical data period. The logical condition tests and the processing decisions were:

- Claims that were duplicates, pended or rejected during claims processing were removed.
- Claims with dates of service outside the FY 2013 to FY 2014 period were removed.
- Claims with paid amounts of \$0.00 were included if the service was provided under a health plan capitation contract. They were deleted if the service was paid under FFS payment arrangements, as they would contribute no value to the capitation rate development, but would have distorted unit counts.

The second level of edit compared the cleaned health plan encounter records files to the capitation invoice file provided by DMAS. The DMAS capitation invoice file, rather than the demographic information coded on the claim record, determined whether the claim record was retained. The processing determinations were:

- Claims matched to member capitation payments with missing or invalid demographic or geographic information were removed.
- Claims for members with capitation payments for other programs were removed.
- Claims matched to managed care capitation periods outside the FY 2013 to FY 2014 period were removed.
- Claims for members age 1 and older that were not eligible and/or were not enrolled in a health plan on the date of service were removed.
- Zero-paid claims for normal newborns and retroactive claims for children age 0-1 were retained, as these claims are largely associated with children born into the Medicaid program. These claims were subject to a separate newborn analysis to determine that they were correctly identified as Medicaid managed care members.

Each health plan's data was summarized by service type and the rate cell categories for aid category, age/gender, and geographic region. This summarization was done only for those services that were paid by the health plans on a FFS basis. The capitated and subcontractor service dollars and encounter information were added in a second step. Information was also provided to the health plans regarding record and payment totals for each separate record type (e.g., UB92, CMS 1500, pharmacy, and subcontractors) for validation purposes.

Individual reports were sent to the health plans for review and approval. The reports included a summary of the health plan encounter data, with all subcontractor adjustments, by rate cell, and region to be used in the base data.

Inclusion of health plan capitated and subcontractor services

The vast majority of the encounter records submitted by each of the health plans were paid under FFS arrangements. The records included both charged and paid amounts and could be readily analyzed. However, each health plan also had services that were paid, in part or in full, under capitation or subcontractor arrangements. For these services, health plans submitted data in a variety of forms. Each health plan provided a list of services that were provided under such arrangements and the cost of the services on a PMPM basis. The PMPM amount represented either the actual contractual PMPM paid, or the contractual total dollar payments divided by the covered member months for the time period.

The financial information may or may not have been accompanied by encounter data for those services. The reported value of the capitated and subcontractor services are incorporated into the historical data, but we cannot confirm that all encounters are reported and measures such as utilization rates and cost per unit for these services may not be accurate.

Behavioral and mental health capitated subcontractor services

Capitation payments for behavioral and mental health services were distributed differently than other reported capitated services. Health plans report mental health services both as FFS paid claims and as capitation amounts for contracted services. For the health plans that capitate psychiatric services (CoventryCares and Optima), the sub capitated vendor mental health data is provided as either total payments or as an aggregate PMPM with limited detail by service type (inpatient vs. professional) or aid category (ABAD vs. LIFC). Approximately 40% of mental health payments are made by the plans under sub capitation arrangements.

To allocate the mental health capitation payments, we analyze mental health claims level detail provided by the four plans that do not capitate those services (Anthem, Virginia Premier, InTotal Health, and MajestaCare) by service type and aid category to determine a distribution to apply to the capitated mental health service payments.

Analysis of the MCO mental health encounter data shows substantial differences in the total PMPM and the distribution of inpatient and outpatient services between ABAD and LIFC. Overall, the historical encounter paid claims showed the ABAD mental health PMPM was approximately 7.8 times the LIFC mental health PMPM, or \$34.15 PMPM for ABAD compared to \$4.38 PMPM for LIFC. For ABAD, the distribution of dollars was 83.5% inpatient and 16.5% professional while the LIFC distribution was 52.0% inpatient and 48% professional.² Relativities were calculated for the other aid categories as part of the redistribution.

These relative factors were applied to the mental health capitation payments to modify the health plan reports for the two health plans that subcapitate mental health services. The modified reports were then aggregated for the historical data.

Removal of PCP supplemental payment from professional claims

Eighteen months of the historical base period for the Medallion 3.0 LIFC, ABAD and ALTC populations, from January 1, 2013 to June 30, 2014 and the run out of the professional claims payment, was reviewed to remove health plan payments related to the Medicare enhanced primary care physician supplemental payment program.

As part of the health plan data submission, plans were required to document how the PCP supplemental program was administered and provide information sufficient to remove the PCP supplemental amount from the base data. Because health plans implemented the program differently, this analysis is done separately for each health plan. In some cases, a plan submitted professional claims with the PCP payment removed from the claim record, others made separate or lump sum payments outside the standard adjudication process, and others provided multiple records that permitted us to adjust the claim and remove the PCP supplemental payment. All claims that included the PCP supplemental payment were adjusted at the record level.

Primary care PCP supplemental payments for the DMAS FFS providers were processed as lump sum payments and those professional claims did not require adjustment.

² The analysis of FFS paid mental health claims also includes FAMIS members.

Data smoothing for ABAD rate cells

The historical data for some of the child rate cells for the ABAD population reflect small numbers of enrollees and exhibited inconsistent relative cost patterns across regions; therefore, the ABAD Age Under 1 category is developed as a single statewide rate cell. We also combine the historical data for Child 6-14, Female 15-20, and Male 15-20 within each region. The separate rate cells are retained for this report and for administrative purposes, but the historical data and all adjustments use the combined data and result in the same base capitation rate for these three ABAD categories across all regions. The historical data shows the separate age/gender rate cell information for each region. In the exhibits of adjusted and trended claims, the historical data for the two years are combined across regions, and Incurred But Not Reported (IBNR) factors, program and policy adjustments and trend are then applied.

Data smoothing for high cost inpatient claims

As part of the routine processing of the trend models, we examine inpatient hospital claims for high cost outliers. The proportion of high cost claims is somewhat higher than observed in recent years. Inpatient hospital claims data for the base period were summed separately for FY 2013 and FY 2014 by individual Medicaid member ID. The number of IDs and dollars above selected thresholds were examined. It was determined that a threshold of \$250,000 of inpatient claims within a year was appropriate. This threshold affected 5.5% of the LIFC Child inpatient dollars. The impact on LIFC Adult and ABAD was smaller. For LIFC Adult, 0.4% of the inpatient dollars and for ABAD, 2.1% of the inpatient dollars, was redistributed. This redistribution is shown in a separate column as an adjustment to the inpatient hospital service categories in the Exhibits 4 for each rate cell calculation. This included two high cost hospital claims of \$1 million and \$600,000 for surgery and care related to the birth of conjoined twins. Another claim for a \$4.4 million transplant case was reported as an addition to the MCO paid claims submission and is distributed to the Inpatient – Other service category across all ABAD rate cells.

Historical health plan encounter data

The resulting health plan historical claims and member month data were tabulated by service category for each rate cell and are shown in Exhibits 1 for each population. These Exhibits 1 are generally referred to as the “Data Book.” These exhibits show unadjusted historical data, with the exception of the adjustments described above, and are the basis of all subsequent calculations described below. These exhibits show, for each fiscal year:

- Member months based on DMAS capitation payment or eligibility files;
- Total dollar value of claims (health plan encounter) and capitated services (health plan encounter data only); and
- Costs per member per month (PMPM).

For informational purposes, these exhibits also show for each fiscal year:

- Units;
- Units per 1,000; and
- Cost per unit.

FY 2016 LIFC and ABAD Capitation Rate Calculations

The capitation rates for fiscal year 2016 for each of the seven geographic regions, Northern Virginia, Other MSA, Richmond/Charlottesville, Rural, Tidewater, Roanoke-Alleghany, and Far Southwest, are calculated based on the historical data and adjusted to reflect changes in payment rates, covered services, and any other anticipated programmatic and policy changes. Each adjustment to the historical data is described in the following sections. The adjustments are applied to the historical data and the resulting capitation rates are calculated in Exhibits 4 of Adjusted and Trended Claims.

The steps used for calculating the capitation rates are as follows:

1. The combined FY 2013 to FY 2014 historical data for each rate cell and service category is brought forward to Exhibits 4a to 4b from the corresponding rate cell in Exhibits 1a to 1b. This information serves as the starting point for the capitation rate calculation.
2. A number of changes in covered services and payment levels have been mandated by the Virginia General Assembly. Each of these adjustments, as well as adjustments for other services not included in the source data, is described in detail.
3. The claims data is adjusted to reflect the expected value of any IBNR claims and to update the data to the FY 2016 contract period. These adjustments are described for each population and are shown in the relevant Exhibits 3a to 3c. The resulting claims are shown in Exhibits 4 under the column "Completed & Trended Claims."
4. The adjusted claims costs from Step 3 are divided by the count of member months for each rate cell from the historical data to arrive at a PMPM cost by service category.
5. The PMPM costs are summarized by rate cell across all service categories to arrive at the total cost for each rate cell for medical services.
6. An adjustment is made to reflect average health plan administrative costs and a contribution to reserves, producing the regional average capitation rates. The derivation of these adjustments is included in the adjustments described under the heading Projected Non-Benefit Costs: Administrative Adjustment.
7. For LIFC and ABAD Medallion 3.0 populations, MCO-specific capitation rates are calculated by applying adjustments to reflect variations in the health status of health plan enrollees based on the Chronic Illness and Disability Payment System (CDPS) risk assessment and risk adjustment model.
8. The LIFC and ABAD MCO-specific risk adjusted capitation rates are further adjusted by the drug reinsurance adjustment. A drug reinsurance adjustment is also applied to the AA/FC and the ALTC/HAP Child and Adult rates that are developed on a statewide basis and do not vary by health plan.

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9. For the ABAD category only, an additional behavior health home pilot adjustment is applied to the ABAD adults for each plan in the region that will administer a pilot.
 10. An Tidewater Physician Access adjustment is applied to ABAD and LIFC members who are in the Tidewater region only.
 11. Beginning FY 2016, the health plans will participate in a Performance Incentive Award determined by results of three HEDIS and three administrative metrics. The maximum amount at risk for each health plan is .15% of the PMPM capitation rate and the maximum award is 0.15% of the PMPM capitation rate. Total awards for all contractors will equal total penalties. This is not reflected in the capitation rates presented in this report. The next section describes the specific adjustments applied to the health plan encounter data for the LIFC and ABAD populations.

LIFC and ABAD Historical health plan encounter data

The resulting health plan historical claims and member month data were tabulated for each of the rate cells within each region. The experience data are shown for LIFC in Exhibits 1a and for ABAD in Exhibits 1b

Projected Benefit Costs: Base rate legislative and program adjustments applied to health plan encounter data

Pharmacy adjustment

The outpatient pharmacy adjustment is derived from an analysis of the health plan pharmacy payments, including unit cost and utilization rates, and takes into account discounts, rebates and administrative costs reported by the health plans.

We continue to observe annual increases in the proportion of generic prescriptions, although the change has slowed in recent years. In FY 2016, the proportion of generic scripts in the LIFC population was 85.1% (82.4% LIFC Child and 88.3% LIFC Adult) and it was 83.3% in ABAD. The proportion of generic utilization in the Virginia Medicaid managed care program is similar to that observed as best practice in other state Medicaid managed care programs; therefore, no adjustment is made for further increases in the generic to brand name drug mix for FY 2016.

The adjustment was modified to apply discounts and rebates to the health plan drug ingredient cost PMPM and then to add dispensing and administrative fees to the adjusted ingredient cost PMPM.

The Federal Affordable Care Act (ACA) signed in March 2010 extended Medicaid FFS pharmacy rebates to Medicaid managed care plans. MCOs are required to submit pharmacy data to the State Medicaid agency, which then submits the information to the pharmaceutical manufacturers to claim rebates directly. Because pharmaceutical companies are now paying rebates directly to the State Medicaid agency, pharmaceutical companies have modified the rebates currently provided MCOs. Managed care plans furnished information that

confirmed that projected pharmacy rebates were reduced at least 50% in the time period after passage of the ACA but that they still receive rebates equal to 1.7% of total pharmacy expenditures. Separate pharmacy adjustment factors were developed for the LIFC and ABAD aid categories, as shown in Exhibit 2a. The factors are reductions of -1.0% for LIFC and -1.2% for ABAD.

Exempt infant formula carveout adjustment

This adjustment removes the amount that the health plans pay for selected formulas after children up to age 19 have met the Women, Infants, and Children (WIC) benefit cap. The exempt formulas excluded for the adjustment are developed from a code list provided by DMAS and is applied to the DME/Supplies service line.

This adjustment is shown in Exhibit 2b. It is applied to the full base period to DME/Supplies service lines in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments.”

Hospital inpatient adjustments

The hospital inpatient adjustment includes a 2.6% allowance for a cost per unit increase authorized by the Virginia General Assembly effective FY 2013 (applied to FY 2012 of the base data used in evaluating trend). While there was no explicit unit cost increase for FY 2014, hospital reimbursement rates were rebased resulting in a weighted average cost per unit change of 4.7% for inpatient medical/surgical and -7.4% for inpatient psychiatric.

There are no unit cost adjustments for either FY 2015 or FY 2016.

For LIFC and ABAD inpatient medical/surgical, the positive adjustment is 2.0%. For inpatient psychiatric in acute care hospitals, the negative adjustment is 2.8%. The inpatient psychiatric factor is applied to mental health claims that are submitted with FFS payment detail and the allocated inpatient mental health subcapitation dollars, but exclude payments to freestanding psychiatric hospitals. These adjustment factors are shown in Exhibit 2c and applied to all hospital inpatient service categories in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments.”

Freestanding inpatient psychiatric hospital rate adjustment

The Inpatient psychiatric hospitals receive the FY 2013 increase in unit cost of 2.6% that is applicable to the operating cost component. The FY 2014 unit cost adjustment for rebasing is a negative 0.9%. There is no FY 2015 or FY 2016 unit cost adjustment. The cumulative effect is a decrease of 0.04%.

These adjustment factors are shown in Exhibit 2d and applied to inpatient psychiatric service categories in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments.”

Durable Medical Equipment fee adjustment

The FY 2015 Final Budget reduced Medicaid fees for the DME products covered under the Medicare competitive bid program to a level based on the average of the competitive bid prices in the three areas of the state in the Medicare competitive bid program. This was estimated to result in \$4.9 million in total savings, and \$1.6 million

in MCO savings. DMAS estimated that the Medicare competitive bid rates for these services are 33% lower than the current FFS Medicaid rates for the services. Many of the DME amounts paid by the MCOs are lower than the DMAS FFS Medicaid fee schedule. DMAS provided a list of DME HCPCS codes subject to the Medicare competitive bid program and the average Medicare bid payment rate for three areas in Virginia that participate in the program. These were compared to the average per unit payment of the MCOs for those services to calculate the cost savings per unit and a savings percentage per affected DME code. This information was used to determine the proportion of DME claims subject to the fee reduction and the average savings percentage based on the mix of DME codes subject to the savings. Overall, 11.1% of LIFC DME claims dollars were for codes subject to the reduction and 27.7% for ABAD. Savings on this subset were 26.0% for LIFC and 23.3% for ABAD.

This results in adjustment factor reduction of 2.9% for LIFC and 6.4% for ABAD. It is shown in Exhibit 2e and added in Exhibit 4a and 4b under the column labeled “Policy and Program Adjustments.”

Hepatitis C treatment adjustment

With the recent approval of breakthrough drugs for the treatment of Hepatitis C and clinical trials that are expected to result in additional drug approvals in the next few years, standards of treatment for Hepatitis C are evolving rapidly. The most recent drugs, Sovaldi, Olysio, Harvoni, and Viekira Pak have fewer adverse side effects, are predicted to attain the desired sustained virological response levels in 90% of patients, and are much more expensive.

The DMAS Pharmaceutical and Therapeutics Committee recommended treatment protocols for Sovaldi and Olysio at its meeting in April 2014. Approvals and duration of treatment approval are dependent on genotype, treatment naïve or experienced, and the extent of liver damage (Metavir Score of F3 or greater). In addition, “Patient has abstained from the use of illicit drugs and alcohol for a minimum of three (3) months as evidenced by negative urine confirmation tests in each of the two months immediately prior to therapy.” The proposed protocols are similar to protocols approved by other Medicaid agencies and commercial insurers and those recommended by the California Institute for Clinical and Economic Review.

Analysis of the historical data indicated that approximately 4.0% of the adult population was tested for the disease, approximately 2.6%, or over 7,500 LIFC adult and ABAD members, have a diagnosis of Hepatitis C, and of those, about 4.5% have undergone drug therapy. The Hepatitis C Drug treatment adjustment is developed by applying estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The cost of the new Hepatitis C drug therapy is estimated to average \$90,000 per person, or \$30,000 more than the average cost of drug therapy at the end of the period in the base data.

The calculation of the additional cost of hepatitis C treatment is presented in Exhibit 2f. The increase is converted to a percentage adjustment to total claims in the pharmacy service category, and ranges from 0.2% for LIFC Child to 3.5% for LIFC Adult. The adjustment is added in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments.”

Provider incentive adjustment

The Provider Incentive Payment adjustment takes into consideration the various ways that health plans provide incentive payments to providers for coordinating care, ensuring access, or improving quality. Depending on the plan, incentive payments are paid through an increase in provider fee schedules, payment of case management fees, and/or provider incentive programs. To the extent that it has been used to increase professional fee schedules, the amount is already included in the claims and encounter data. Some plans reported the case management and incentive amounts as capitation payments. To avoid double counting, we did not include the value of the capitation amounts that plans reported as representing incentive payments in the base data. Their value has been incorporated into the Provider Incentive Payment Adjustment.

The estimated weighted average value of the case management and provider incentive programs paid outside of the encounter data is \$1.63 PMPM, or 0.5% of the weighted average of the medical cost component of the LIFC and ABAD base rates. This percentage is shown in Exhibit 2g and is presented as the dollar value of the percentage applicable to each rate cell in the line labeled Provider Incentive Payment in Exhibits 4a to 4b.

ER Triage adjustment

The 2015 General Assembly final Budget conference report eliminated ER triage for physician services. Current DMAS FFS policy applies ER Triage review only to Level III ER claims. If a case is determined to have insufficient documentation of medical necessity for an emergency, DMAS may reduce the physician payment to an all-inclusive rate of \$22.06 for the code 99283 instead of paying the physician fee of \$43.54 plus ancillaries. Eliminating the ER Triage review would increase the Level III ER payment to physicians by the difference in the physician fee plus the average amount of ancillary services billed on those claims.

PwC prepared an estimate of the payment increase based upon review of historical Level III ER claims paid at the ER Triage rate.

The ER Triage adjustment reflects the additional amount estimated to cover the cost of discontinuing Level III Triage review and paying such claims at the average fee for CPT code 99283, plus the average of the ancillary payments that are associated with the claim. The historical base data was analyzed by health plan to identify the number of Level III ER claims paid at the ER Triage level and was re-priced to reflect each plan's average cost of a Level III professional claim paid in full. For Level III claims for LIFC and ABAD, this is approximately \$1.5 million per year. Plan payment of the physician fee varied and the average of \$44.67 is slightly higher than the DMAS Medicaid fee schedule.

Approximately 81.0% and 13.4% of the Level III claims paid as ER Triage were for services to the LIFC and ABAD populations, respectively. The paid amount of these claims is increased to the weighted average of the plan professional fee payment and then calculated as a percentage of the Professional-Evaluation and Management service line.

The calculation of the additional cost is presented in Exhibit 2h. The adjustment is added in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments.”³

RBRVS rebasing adjustment

Each year DMAS adjusts physician rates consistent with the Medicare RBRVS update in a budget neutral manner based on funding. Up until last year, the update was based solely on DMAS FFS data. Plans have reported that the rebasing is not cost neutral to their operations and that the impact on them varies. Last year the DMAS update used both FFS and MCO data. The FY 2016 DMAS analysis used both FFS and the MCO data, as repriced to the DMAS physician fee schedule. Claims covered all professional providers, including physicians, nurse practitioners, psychologists, therapists, opticians, and federally qualified health centers and the full range of CPT codes from 10000 to 99499. The new physician rates for FY16 result in a -0.2 percent reduction to the MCO experience and an 0.5% increase to the FFS experience. Other codes, such as J codes for drugs administered in an office setting, that are grouped in the professional service categories, are excluded from the adjustment.

The managed care professional fee adjustment is -0.2% for ABAD and LIFC. The calculation of the RBRVS adjustment is shown in Exhibit 2i. The adjustment is added in Exhibits 4a to 4b under the column labeled “Policy and Program Adjustments.”

Projected Benefit Cost Trends: IBNR and trend applied to LIFC and ABAD encounter data

The base period data reflects experience in the Virginia Medallion 3.0 program during FY 2013 through FY 2014. These data must be adjusted to reflect the contract period of FY 2016 through the application of trend rates that reflect changes in payment levels and utilization rates between the data period and the contract period. In addition, the claims data are not 100% “complete” in that some cost information is not available in the claims databases provided. Incomplete data results from the time lag between when services are provided and claims are fully paid. The amount of incomplete claims is referred to as IBNR and can be estimated through actuarial models.

Trend and IBNR adjustment factors were developed using monthly historical health plan expenditures. The data were evaluated using a PwC model that estimates IBNR amounts using a variety of actuarially accepted methods, and estimates trend using a least-squares regression methodology. Trend and IBNR factors were developed separately for LIFC Under 21, LIFC 21 and Over, and ABAD and for the following service categories: Inpatient Medical/Surgical, Inpatient Psychiatric, Hospital Outpatient, Practitioner, Prescription Drug, and Other (Transportation, DME, Lab/X-Ray). Unless otherwise indicated below, trend was based on 6 month rolling average.

³ Level III adjustment for LIFC and ABAD is estimated at \$1.47 million annualized value and at \$1.55 million across all programs, including AA/FC, ALTC/HAP and FAMIS.

Trend adjustments are applied to move the historical data from the midpoint of the data period (July 1, 2013) to the midpoint of the contract period (January 1, 2016), or 30 months. Data period trend for these groups are developed from a regression analysis on the 24 months of historical Virginia health plan data with run-out through October 2014 used for these capitation rates. Contract period trend rates for the majority of the services are developed to reflect our best estimate of trend in the future and are based primarily on incurred claims from July 2011, the beginning of FY 2012, through December 2014 or 42 months with run out through February 2015. The data used for contract trend development excludes the FFS Far Southwest experience.

Where we consider the historical trend experience by service category to be an unreliable indicator of future trend, we examine the overall rate of change, additional data provided by the plans, estimates of cost increases provided by DMAS and other sources to derive recommended trend assumptions. Due to the robustness of the data (both the population size and the long data period) and the maturity of the program, development of trend for FY 2016 primarily relied on the regression analysis subject to the adjustments described below.

Pharmacy trend estimates rely upon the standard models, but reflects adjustments for drugs used to treat Hepatitis C. The last five months of the data period, February 2014 to June 2014, shows a significant step up in costs reflecting the higher costs of treatment with Sovaldi and Olysio. To account for this, we made two adjustments: 1) an adjustment to the data used to estimate regression-based trends to eliminate the jump in drug costs observed in the data due to Hepatitis C treatment changes, and 2) an adjustment to base costs to reflect Hepatitis C treatment costs as of the end of the data period rather than the average cost over the base period.

We adjusted the pharmacy prior data period, July 2013 to January 2014, with an increase in the PMPM that reflects the difference in average PMPM pre and post usage availability of the new Hepatitis C regimens. This change was applied to the relevant months in the data period pharmacy trend for the LIFC Adult and the ABAD populations. For LIFC Adult, \$6.50 PMPM and for ABAD \$11.00 PMPM is added to the trend data used in the regression models in each month, and the regression is recalculated. The effect is to dampen the data period unit cost trend calculated using the original claims data.

The equivalent of the dollars added to the data trend model are also added to the base data in the Exhibit 4 rate cell calculations under the column "Base Claims Redistribution and Adjustments FY13-FY14". Approximately \$11.4 million is added across the LIFC Adult rate cells and \$15.2 million across the ABAD rate cells.

The contract period pharmacy trend is calculated excluding the Hepatitis C drug therapies. In conjunction with the separate Hepatitis C adjustment, we believe that this adequately accounts for expected pharmacy costs in FY 2016. Pharmacy reinsurance also protects plans from unexpected pharmacy costs.

Analysis of changes in the age/gender distribution of the LIFC Child population indicated that the population has shifted to a less expensive mix over the experience period. We developed an estimate of the risk mix of the LIFC Child population each month during the data period based on Medallion 3.0 cost relativities for each rate cell applied to each month's enrollment distribution. The monthly risk mix factor was applied to normalize each monthly data point in the LIFC Child data and contract trend regression models.

The impact of LIFC Child mix changes was analyzed over the full time period review for the contract trend, from July 2011, the beginning of FY 2012, to February 2015. Over this analysis period, the proportion of members in the highest cost rate cell, Age Under 1, decreased while the proportion of children in the largest low cost rate cell, those Ages 6-14, increased. We also include an age-gender adjustment for LIFC Adult and ABAD. For LIFC Adult, the risk mix for all services combined decreased 0.2% from July 2011 to February 2015. For ABAD, the adjustment for all services combined increased 4.1% from July 2011 to February 2015. The negative age-gender adjustment increases the trend values and the positive age-gender adjustment reduces the data and contract period trend values.

Table 2

Estimated Change in Age-Gender Mix : July 2011 to February 2015

AID Group	IP Med/Surg & Psych	OP/HH	Prof	Pharmacy	Other	All Services
LIFC Child	-3.1%	-1.2%	-1.7%	2.7%	-0.4%	-1.0%
LIFC Adult	-0.5%	0.0%	-1.2%	1.7%	-0.6%	-0.2%
ABAD	5.8%	3.4%	1.0%	4.8%	3.4%	4.1%

In addition to the age-gender adjustments, the trend models apply an adjustment to offset the impact of increases or decreases to services that are already reflected in the adjustment Exhibits 2.

Hospital Inpatient Med/Surg data and contract period trend models were modified to reflect the unit cost and rebasing adjustments included in Exhibit 2c. The adjustment applied to inpatient hospital is the same for LIFC Child, LIFC Adult and ABAD. It is presented in the following table.

Table 3

Summary of Adjustments to Trend

Service	Time Period	Adjustment
Inpatient Hospital	July 2012 – June 2013	0.975
	July 2013 – June 2014	0.931

IBNR completion factors are applied to the total claims in the first column of Exhibits 4a to 4b, and the dollar value of the IBNR completion factors are shown in the fourth column, labeled "Completion Factor Adjustment."

In the MCO trend Exhibits 3a to 3c, IBNR is presented in column one. We have also added information on the cumulative impact of the policy and program adjustments in Exhibits 2a to 2i and are summarized in column two. This is for informational purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the base period and as a combined trend for the contract period. Inpatient hospital med/surg trend was evaluated after capping claims at \$100,000. Values are incorporated as derived from the data and contract period trend models. For most trends, we use 6-month rolling averages. Because of seasonality, LIFC Child pharmacy trend uses the 12-month rolling average.

The weighted average data period trend is 3.0% for the LIFC Child, 5.0% for LIFC Adult, and 4.5% for ABAD. For LIFC Child, the increases are driven primarily by utilization trend. This is also true for LIFC adult, with the exception of inpatient hospital. Both LIFC Child and LIFC Adult weighted average contract trend decrease slightly as a result of the removal of the LIFC ALTC population from the base. For ABAD, more of the trend increase is utilization, but we observe a substantial cost component for both inpatient hospital and practitioner. Since the data used in this data period analysis has run-out through October 2014, or four months past the end of the data reporting period, the resulting IBNR factors are generally small, with a weighted average range of 0.9% to 1.4%.

For the contract period, any negative service line trend supported by the analysis of the July 2011 to December 2014 trend with run out to February 2015 is set to 0.0% for the final rates. Final ABAD rates use a 12-month rolling average for Inpatient Med/Surg contract period trend rather than the 6-month rolling average results. Using these values, the contract period trend shows modest annual rates of increase. The weighted average annualized MCO contract period trend for LIFC Child is 2.7%, LIFC Adult is 3.7%, and ABAD is 3.3%. Contract trend is applied for 18 months, to the midpoint of the contract period.

The applied trend factors are shown in Exhibit 3a for LIFC Child Under 21, Exhibit 3b for LIFC Adult 21 and Over, and Exhibit 3c for ABAD. These trend and IBNR factors are applied to the historical data in Exhibits 4a to 4b by applicable service category.

Projected Non-Benefit Costs: Plan administration adjustment

The CMS regulations require that administrative costs directly related to the provision of Medicaid State Plan approved services be incorporated into the rate setting process. Each health plan provided revenue and administrative cost data for calendar year 2014 as part of its submission to the Virginia Bureau of Insurance (BOI) on the required form entitled Analysis of Operations by Lines of Business, and as necessary, notes to interpret the financial figures. We also received the Underwriting and Investment Exhibit, Part 3, Analysis of Expenses.

The first step of the calculation of the administrative factor develops an administrative dollar PMPM. The administrative adjustment uses figures from these reports, adjusted to remove self-reported payment of state taxes and other disallowed costs as identified by DMAS in the health plan audits. The administrative expense also excludes payment of any health insurer fee related to the DMAS line of business, which were included in a rate adjustment for the FY 2015 capitation rates. The adjusted value is weighted by the calendar year member month distribution to arrive at an average administrative cost across all contracted health plans.

The average administrative dollar PMPM is apportioned across the eligibility groups enrolled in the Virginia DMAS managed care programs - ABAD, ALTC/HAP, LIFC Child, LIFC Adult, FAMIS, FAMIS MOMS, and Adoption Assistance/Foster Care using the ratio of the adjusted and trended base medical expense PMPM for each aid category. The resulting CY 2014 administrative cost ranges from \$10.08 PMPM for LIFC Child to \$69.05 PMPM for ABAD and is the sum of lines 1 and 2 of the administrative adjustment exhibit.

Using the breakdown of administrative expenses from the BOI reports, the salary and all other general administrative components of the historical PMPM are separately trended to the FY 2016 contract period. The salary component is trended using the Bureau of Labor Statistics 2014 calendar year employment cost trend for total compensation, private industry, management, business and financial services. The non-salary administrative component and the Claims Adjustment Expense components are trended using the 2013 calendar year Consumer Price Index for All Urban Consumers (CPI-U). The trended administrative PMPM ranges from \$10.38 for LIFC Child to \$71.07 for ABAD.

To reflect an estimate of administrative activity rather than just differences in base costs, the administrative dollars PMPM were reallocated based on weighting by claims volume PMPM for each eligibility group on line 5b. This ranges from 1.52 average claims PMPM for LIFC Child to 67.4 average claims PMPM for the ABAD population, with an overall average of 2.5 claims across all program categories, including Medallion 3.0, the ALTC population that will be combined with HAP for the new expansion, Adoption Assistance/Foster Care and FAMIS and FAMIS MOMS. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2016 base rates to determine separate administrative allowances as a percentage of the base capitation rate.

This percentage is then increased by a 1.50% contribution to reserves. The allowance for a contribution to reserve is the same as in last year's rate setting. The trended value of the administrative factor is 9.1% for LIFC Child, 7.6% for LIFC Adult, and 7.0% for ABAD.

A rate adjustment for the health insurance premium excise tax is not included in the administrative cost adjustment presented here. The September 2016 health plan assessment, a calculation based on their DMAS revenue and members in CY 2015 will not be final until August 2016 and will not be paid until September 2016. DMAS plans to make an aggregated retrospective adjustment to the FY 2016 capitation rates to reflect this cost and the applicable tax liability in late 2016.

The administrative factor adjustment is shown in Exhibit 2j. This administrative cost factor is applied to the total adjusted and trended claims amount for the appropriate rate payment category. This adjustment factor is applied in the final steps of the per capita cost calculations at the bottom of each rate cell worksheet in Exhibits 4a to 4b.

Base capitation rates: LIFC and ABAD

Rates are developed for FY 2016, from July 1, 2015 to June 30, 2016. The base capitation rates have been trended to the midpoint of the fiscal year (January 1, 2016).

The health plan base capitation rates for LIFC and ABAD as presented in the adjusted and trended claims in Exhibits 4a – 4b are shown in Exhibit 5c. Total weighted averages use the March 2015 member month distribution.

Comparison of FY 2015 and FY 2016 health plan base capitation rates

The FY 2016 rates are compared to rates for December 1, 2014 to June 30, 2015 in Exhibit 5b. The weighted average change is a 2.83% increase for ABAD, a 3.38% increase for LIFC, and an overall increase of 3.17%. Member month weighting uses the March 2015 enrollment. The Member Months are shown in Exhibit 5c.

Health plan risk adjusted capitation rates

The Virginia Medallion 3.0 base capitation rates have been developed using health plan encounter data. The development of the capitation rates included an analysis of differences in expected risk and implied cost using the Chronic Illness and Disability Payment System (CDPS). The risk calculation is performed at the regional level to match the methods used for developing the base capitation rates.

Background on the risk adjusted rates

The CDPS scores represent each health plan's regional risk assessment score relative to the average of all health plan risk assessment scores within each region. This method results in risk-adjusted rates by health plan that are budget neutral within each region. Each risk score that is greater than 1.0 results in an increase in payments for a given health plan that must be offset by a lower risk score and a reduction in payments to other health plan(s) within the region.

DMAS policy for development of the person-level risk scores uses all the diagnosis codes included on the health plan encounter data and any available FFS claims data within the evaluation period.

Virginia specific relative weights are used for the CDPS assessment. This report uses the CDPS model Version 5.4 Med/Surg with Rx Virginia specific weights developed from the FY 2012 to FY 2014 encounter data that was developed for the final FY 2016 rates.

General overview of CDPS methodology

CDPS scores are developed using encounter claims records from both the FFS and managed care delivery systems. Each person enrolled in the Virginia Medicaid program that is either enrolled in a managed care plan, or who could be enrolled if a plan were operational in their area, receives a risk assessment score. The score is calculated based on all available data for the individual; if the individual changes health plan or delivery system, information from all relevant sources is combined to gain an overall risk profile.

The CDPS score for each person is based on his or her demographic and health status characteristics. Individuals with no health status information receive a base score derived from the demographic characteristics of the person. Because the CDPS model is additive, scores based only on demographic information are lower than scores that are adjusted for the presence of specified medical conditions. Three separate models classify individuals based on

their eligibility category and age. Specifically, there are models for LIFC children, LIFC adults, and ABAD. The different models use largely the same risk status classification system, but the value attached to each characteristic varies among the models. There are also slight differences in the medical conditions included in the various models. For example, a larger percentage of the ABAD population has claims and an identifiable medical condition than does the LIFC population. Consequently, the base values for age and gender contribute less to the risk score for the ABAD population than for the LIFC population, and the value associated with the various medical conditions represents a larger contribution to the risk score.

A health plan score is calculated based on an aggregation of the individual scores for the plan's enrollees using claims for the second year of the data period and assigned to the health plan of enrollment indicated on the capitation payment file as of the most recent date known. Risk scores for a health plan are developed first at the rate cell level and then by summing the scores for all enrollees in the region and dividing by the number of eligible people. Average scores for each health plan are compared to the average score across all plans for the eligibility category in a region and a relative risk score is developed for each health plan.

CDPS analysis results

The FY 2016 analysis builds upon the CDPS Version 5.4 Med/Surg with Rx VA weight model to adjust base capitation rates for differences in health plan relative risk scores within region. The CDPS relative risk adjustment within a region is calculated to be cost neutral to the base rate for that region for the currently enrolled MCO members.

The CDPS relative risk scores that are applied to the revised FY 2016 base rates:

1. Use calculations based on the most recent fiscal year of both MCO and DMAS FFS data, FY 2014, with a minimum length of eligibility of three months;
2. Assign members based upon the last known eligibility status and health plan enrollment;
3. Use all available ICD-9 codes per record and pharmacy claims to identify each individual's health status;
4. Use Medicaid utilization in both fee-for-service and health plans to develop an individual's CDPS score;
5. Exclude health plan member scores in eligibility categories and regions where plan membership is below the credibility threshold, and
6. Adjust the CDPS calculation to consider the rate setting methodology and therefore takes into account variation in underlying per capita cost by region, eligibility category, and age/gender.

The FY 2016 CDPS adjustment reflects the removal of the ALTC population from the enrollment base and the re-assignment of MajestaCare LIFC and ABAD members in December 2014.

CDPS risk adjustment scores applied to the base rates are shown in Exhibit 6. The relative risk scores for the other health plan regions use health plan enrollment as of March 2015.

Health plan CDPS adjusted rates

The FY 2016 risk adjusted rates for each health plan, effective July 1, 2015, are shown in Exhibits 7a to 7f. These rates are calculated by applying the health plan specific CDPS adjustment factor for each aid code within a region in Exhibit 6 to the base capitation rates in Exhibits 5a – 5b for each geographic region. Kaiser Permanente, a new entrant into the Northern Virginia region in November 2013, does not have sufficient enrollment to receive a CDPS adjusted rate for the ABAD population. Although Kaiser now has sufficient LIFC enrollment, it is not assigned a risk score for the aid group. Because enrollment began in late 2013, maximum length of enrollment for our CDPS evaluation period is less than a year and Kaiser's LIFC weighted average of eligibility of 6.9 months, is 3.0 to 3.5 months shorter than the other plans in the region, indicating that there may be insufficient time to build the member's risk profile.

Exhibit 7g displays the regional average capitation rates with the CDPS adjustment. These rates reflect both the enrollment mix of each health plan as of March 2015 and the CDPS adjustment factors and are provided for informational purposes only.

The capitation rates will be paid in the geographic regions of each member. The final base rates may be subject to negotiation between DMAS and each health plan and may result in rates that are greater than, equal to, or less than the proposed CDPS adjusted capitation rates.

Additional adjustments

Drug reinsurance adjustment

Beginning FY 2015, DMAS established a program to reinsure 90% of the cost of drug costs above \$150,000 per member per year. This applies to the combined cost of pharmacy prescription drugs as well and drugs administered under professional supervision in a hospital outpatient or physician office setting. The reinsurance program does not focus on one drug or a group of drugs but is designed around members with high drug costs regardless of the drugs therapy that is used. The goal is to address the high cost drug issue using financial criteria rather than drug criteria. DMAS has determined that a reinsurance program will not cover 100% of the cost. This is to provide an incentive for plans to continue to manage the appropriate use of all drugs.

The FY 2013 and FY 2014 historical data was analyzed to determine the total dollars and the number of members with drug costs in increments of \$25,000. This included outpatient prescription pharmacy drugs, specialty drugs administered in a hospital outpatient or physician office setting, or a combination of both. Results of the continuance table analysis indicated there was an increase in the dollar expenditure of those with high annual drug costs and/or the number of members during the base period for each of the three major aid group categories, LIFC Child, LIFC Adult, and ABAD. For LIFC Child, less than 80 high cost members account for approximately 6.7% of pharmacy and physician administered drug expenses. For LIFC Adult, there were very few who met the criteria, 17 people in the base period, represented 1.3% of LIFC Adult drug expenditures. ABAD had the greatest

number of people who met the threshold. Expenditures for about 144 people were \$41.3 million in the two year base period, or about 7.2% of the ABAD pharmacy and J code expenditures.

The reinsurance amounts were calculated separately for LIFC Child, LIFC Adult, and ABAD for each year. This begins with the calculation of the discounted threshold, the annual drug cost, that when trended to FY 2016, would reach the \$150,000 reinsurance threshold. A 12% specialty drug unit cost trend was used as the discount rate. In general, members with \$125,000 to \$150,000 in annual drug costs during the base period were estimated to meet the \$150,000 threshold for FY 2016.

Exhibit 8a presents the steps in the reinsurance calculation and information on the number of people who met the threshold in each of the base years. For FY 2013, the dollars above the discounted threshold amounts were trended 36 months at 12% (three years to the midpoint of the FY 2016 period ended June 30, 2016). This amount is reduced by \$150,000 per person plus the additional 10% of risk that will be retained by the health plans. This is the estimate of the 90% reinsurance pool for that year. The calculation is repeated for the FY 2014 dollars above the discounted threshold amount, which is trended at 12% for 24 months (two years to the midpoint of the FY 2016 period ended June 30, 2016). The average of the two year base period reinsurance pool is divided by the historical members in the aid category to develop each reinsurance amount PMPM.

The reinsurance amounts range from \$0.50 PMPM for LIFC Adult to \$17.08 PMPM for ABAD. These amounts will be subtracted from the health plan capitation payment for those rate cells to fund a drug reinsurance pool as required by the CMS checklist.

Behavioral Health Home Pilot Adjustment

In collaboration with the Office of the Governor and in alignment with the Governor's - A Healthy Virginia plan, DMAS and the Medallion 3.0 MCOs are establishing behavioral health home pilot programs to coordinate care for beneficiaries who are insured through the Medallion 3.0 Medicaid program. The pilot is effective July 1, 2015. The Behavioral Health Home (BHH) pilot program will include adult members over the age of 21 who have a serious mental illness or a serious emotional disturbance. These health homes will adopt a "whole person" philosophy for treatment that calls for team-based care of all primary, acute, behavioral health, and some substance abuse services. Virginia will use health homes to enhance the treatment of both mental and physical health conditions and significantly decrease the level of impairment experienced by these individuals. All MCOs are participating and the pilot programs will have a presence in every major region in the state. The following table lists the BHH pilots by health plan and region.

Table 4		
MCO	BHH Model Design	Service Area
Anthem HealthKeepers Plus	Enhanced Care Coordination (CCC model)	Richmond Region
CoventryCares	In-house and/or co-located partnership model of integrated care.	Richmond Region
InTotal	Case Management/Health Home model.	Northern Virginia Region
Kaiser	Not participating at this time	N/A
Optima	Blended model of in-house (one location), co-located and facilitated referral system to integrate care services.	Tidewater Region
Virginia Premier	Primary Care Physician (PCP) assignment to members being seen in the behavioral health home.	Far Southwest

DMAS has budgeted \$600,000 for case management services for the pilot. Each plan will receive \$100,000 for its pilot in a region. The adjustment is calculated as a PMPM addition to the ABAD Adult rate cells in each health plan BHH pilot region. The adjustment in Exhibit 8b uses the projected FY 2016 ABAD adult member months for the pilot region. Under the current contract, non-traditional behavioral health services are carved out of Medallion 3.0 and administered by Magellan under an ASO arrangement. In these pilots, most plans will coordinate non-traditional behavioral health services with Magellan.

One plan, Anthem, will administer and pay directly the non-traditional behavioral health services that are otherwise carved out of Medallion 3.0. In order to reimburse the plan for these services, there is a separate rate adjustment to the ABAD adult rate cells in the pilot region. This was calculated using the same historical base period, FY 2013 to FY 2014, to identify managed care members who met the pilot criteria and to match them to the historical claims for the behavioral health services that Anthem will administer. This historical data is trended using standard data period and contract period models. The trended amount, \$1,379 PMPM, is multiplied by the projected number of BHH pilot enrollees by month for each plan. Anthem anticipates enrolling their target 30 members in July 2015 and maintaining that enrollment throughout the year. The total BHH medical component dollars is divided by the projected ABAD Adult annualized member months for Anthem in the Richmond/Charlottesville region. The resulting PMPM is added to the ABAD Adult rate cells for Anthem in the pilot region.

Tidewater physician access adjustment

Beginning FY2016, DMAS will pay a managed care supplemental payment for professional claims associated with physicians affiliated with a medical school in Eastern Virginia/Tidewater that is a political subdivision of the Commonwealth. This is the managed care equivalent of supplemental professional payments that have been made to for the FFS Medicaid population.

This adjustment uses professional claims in the MCO historical two-year base data (FY2013-FY2014) for the same physicians included in the FFS supplemental payment program. The physicians were identified using Provider NPIs. Using similar rules as the FFS supplemental payments pricing, the professional claims were re-priced to the Average Commercial Rate, defined as 135% of the CY2015 Medicare Fee RBRVS for Virginia Rest of State. Anesthesia pricing used the claims reported units rather than the Medicare national average units. There were some non-Medicare covered services, such as child preventive care, that have RBRVS units and were re-priced by using CY2015 RVUs with Virginia geographic factor and its conversion factor. We also applied such rules as lower payment for second surgeon and multiple procedures on same day.

This calculation assumes that the CY2015 Medicare pricing will be used for the entire FY2016 Medallion 3.0 rate year. We have not applied any prospective utilization and unit cost trends to the estimated supplemental payment.

There is an estimated \$3.06 million annualized managed care supplemental payment in FY 2016 for all health plans in all aid categories. The adjustment is applied as \$1.75 PMPM for ABAD and LIFC in the Tidewater Region only. This calculation is shown in Exhibit 8c.

Performance Incentive Award

Beginning FY 2016, DMAS will implement a Performance Incentive Award (PIA) program. This builds upon a pilot program established in FY 2015 and will be based upon criteria established by DMAS using three HEDIS 2016 measures and three FY 2016 administrative measures designed to measure managed care quality. The Performance Incentive Award, or penalty, will be relative to performance among the contracting health plans. The maximum amount at risk for each Contractor is 0.15% of the PMPM capitation rate and the maximum award is 0.15% of the PMPM capitation rate. Total awards for all Contractors will equal total penalties for all Contractors.

The structure of the PIA follows the HEDIS reporting year timeframe. HEDIS 2016, for instance, reflects services provided in the calendar year 2015. The three administrative measures are based on the monthly reporting deliverables received by the Department from July 1 to June 31 of each measurement year.

DMAS anticipates that Performance Incentive Award report cards for each health plan will be completed by December 31, 2016 for FY 2016. Payment or penalties pursuant to the PIA will be distributed by March 2017. This process and the schedule will recur in the following years.

The value of the 0.15% maximum Performance Incentive award or penalty is not reflected in the FY 2016 capitation rates because total awards for all Contractors will equal total penalties for all Contractors.

The health plan CDPS specific rates, as adjusted for removal of the drug reinsurance amount and with the addition of the Behavioral Health Home adjustment and the Tidewater Physician Access adjustment, are shown in Exhibits 9a to 9g.

The final Exhibit 10 lists the counties in each Medallion 3.0 region.

III. Adoption Assistance and Foster Care

Background

The Medallion 3.0 program began a Foster Care Pilot in Richmond effective November 1, 2011. As of June 2013, that pilot had enrolled 152 foster care children under the age of 21 in managed care plans to receive their acute care and traditional behavioral health services. Effective September 2013, there was a Medallion 3.0 managed care expansion for Adoption Assistance (AA) and Foster Care (FC) children into the Tidewater region, and into Central Virginia, which includes Greater Richmond and portions of the Rural region under Medallion 3.0, in November 2013. Additional phased expansion was into Northern Virginia in December 2013, Charlottesville in March 2014, Halifax/Lynchburg in April 2014, Roanoke Alleghany in May 2014, and Far Southwest in June 2014. As of March 2015, there were 5,761 Adoption Assistance and 4,630 Foster Children enrolled in the MCOs.

Databook

The Adoption Assistance and Foster Care databook uses both DMAS FFS and MCO encounter data for the period FY 2013 and FY 2014. Because AA/FC is a recent managed care expansion, the primary data available to develop rates is the DMAS FFS eligibility and paid claims data for FY 2013 and FY 2014. This is combined with the MCO encounter data for the AA/FC population. Because of the phased managed care expansion during FY 2014, the DMAS FFS enrollment is about 75% and 78% of the enrollment in the base period for AA and FC, respectively.

Adoption Assistance and Foster Care children are defined as children, up to the age of 21, who are in DESIG codes 72 (Adoption Assistance), 76 (Foster Care) or 74 (combined). In February 2013, DMAS discontinued use of DESIG code 74 and all eligible Adoption Assistance and Foster Care children who had been in DESIG code 74 were re-assigned to either Adoption Assistance 72 or Foster Care 76. For historical data before February 2013, we used the DMAS February 2013 eligibility information to develop a list of AA/FC member IDs. This member list was compared to the member IDs of children in DESIG code 74 in prior months. When a match was found, all previous eligibility and claims for the person were retroactively assigned to either Adoption Assistance or Foster Care. Because children leave the program, there was a residual population of children who could not be reassigned. For all months beginning February 2013 and later, the DMAS eligibility was used to assign a child to either Adoption Assistance or Foster Care. Children in DESIG code 74 who could not be assigned comprised less than 2% of the AA/FC member months in the historical base period. Because base period costs for the DESIG Code 74 population were similar to the AA population, their eligibility and claims experience were combined.

Adoption Assistance and Foster Care members with TPL or residing in a psychiatric residential treatment facility are excluded from Medallion 3.0. Improved processing for the TPL exclusion, which removes lower cost children, affected the starting base PMPM used for the FFS AA and FC populations relative to the base used for the FY 2015 Adoption Assistance and Foster Care rate development. Also, Adoption Assistance or Foster Care children who are eligible for the Home and Community Based Service waiver, primarily the Elderly and Disabled with Consumer Direction (EDCD), are excluded from the Adoption Assistance and Foster Care rate development and

are assigned to the Acute and Long Term Care (ALTC) Child category. The major services not covered by the AA/FC expansion are community mental health rehabilitation services, school based special education services, early intervention services, and case management.

The AA/FC base period identified a monthly average of 10,400 children eligible to participate in the expansion with 53% in Adoption Assistance and 47% in Foster Care. Statewide, there were 10,770 children as of December 2014, with an enrollment mix that was 54% Adoption Assistance and 46% Foster Care.

The FFS AA/FC historical base PMPM was higher than the MCO historical base PMPM, particularly for the Adoption Assistance population. Foster Care Base PMPM is significantly higher than the Adoption Assistance base.

Processing of the data is similar to that used for the development of the MCO base data in the existing Medallion 3.0 program. One high cost claimant accumulated more than \$2.2 million of pharmacy claims in FY 2013 and \$1.5 million in FY 2014. These claims are redistributed across both Adoption Assistance and Foster Care and all service categories based on the underlying claims cost distribution.

Rates for the AA/FC populations are developed separately at the statewide level and use both MCO and DMAS FFS claims data. The MCO and the FFS Adoption Assistance and Foster Care data are separately adjusted and trended, then blended for final FY 2016 rates.

The separate MCO and FFS adjustments are described in the next pages.

Projected Costs: MCO Adoption Assistance and Foster Care legislative and program adjustments

Legislation and policy changes in the existing Medallion 3.0 program for FY 2013 and later must be reflected in the development of per capita rates, as the data used to develop rates does not fully include the effect of those changes.

The historical data presented in Exhibits 1 is adjusted by the policy and program factors described in this section (Exhibits 2a to 2i) and the Trend and IBNR factors (Exhibit 3).

In general, the methodology for Adoption Assistance and Foster Care adjustments is similar to those developed for the Medallion 3.0 population, specifically LIFC Child where appropriate. Actual adjustment values may differ where the adjustment is developed using AA/FC MCO data instead of existing Medallion 3.0 encounter data, but some of the adjustments use factors for Medallion 3.0 encounter data. All of these adjustments are reflected in the column "Policy and Program Adjustments" in Exhibits 4, with the exclusion of a Provider Incentive Adjustment.

Only those adjustments that differ from those used for Medallion 3.0 MCO or LIFC Child population are described. A summary of the adjustments for the MCO Foster Care and Adoption Assistance program is in the following table:

Table III.1

Medallion 3.0 Adjustment Methodology Used in MCO Adoption Assistance/ Foster Care Rates

Medallion 3.0 Exhibit Number and Adjustment Name	AA/FC	Adoption Assistance/Foster Care Values
2a Pharmacy Adjustment	2a	2a: -1.7% AA / -1.6% FC
2b Exempt Infant Formula Carveout	2b	2b: -2.1% AA / -1.5% FC
2c Hospital Inpatient	2c	2c: 0.0% AA / 1.2% IP Med/Surg and -0.2% IP Psych FC
2d Freestanding Psychiatric Hospital Adjustment	2d	2d: 0.0% AA / -0.01% FC
2e DME Fee Adjustment	2e	2b: -2.3% AA / -3.7% FC
2f Hepatitis C Adjustment	2f	2f: 0.0% AA / 0.1% FC
2g Provider Incentive	2g	2g: 0.5% AA / 0.5% FC Same as LIFC Child
2h Emergency Room Triage Adjustment	2h	2h: 0.4% AA / 0.3% FC
2i Resource Based Relative Value Scale Adjustment	2i	2i: -0.2% AA/FC
2j MCO Administrative Cost	2j	2j: 6.9% AA / 7.4% FC

Pharmacy adjustment

The outpatient prescription drug adjustment is based on MCO AA/FC data, taking into consideration aspects of pharmacy management reported by the health plans. The calculation uses the MCO data net cost and subtracts out the estimated change in discount and health plan rebates to determine an adjusted PMPM.

Review of the Adoption Assistance and Foster Care brand-generic mix shows very high use of generics and a higher proportional usage than observed in the LIFC Child population. In the FY 2013 to FY 2014 period, nearly 85% of the prescriptions were for generic drugs. In FY 2014, 87% of all prescriptions were generic drugs, which compares to 81% for LIFC Child.

Overall, pharmacy services represented approximately 48% of the total AA base period costs and 31% of total FC base period costs. MCO Adoption Assistance and Foster Care pharmacy utilization rates are up to two times higher than LIFC Child and unit cost is about twice as high. For the MCO AA/FC expansion population, reported Foster Care utilization is about 30% higher than the Adoption Assistance utilization. However, the MCO expansion data is limited to nine months in FY 2014 and experience may change as the program matures.

Exempt infant formula carveout adjustment

DMAS policy regarding reimbursement of selected formula for infants with diseases of inborn errors of metabolism requires direct billing for those services. Historically, the health plans referred members to the Woman, Infants, and Children (WIC) program for these services, but pay for services after the WIC benefit maximum is reached. This adjustment removes the amount that the health plans paid for selected formulas after children up to age 19 have met the WIC cap. The exempt formula adjustment is applied to all children up to age 19. DMAS provided a list of HCPCS codes to identify the exempt formula services.

This adjustment is shown in Exhibit 2b and is applied to the full base period DME/Supplies service line in AA/FC Exhibit 4a and 4b under the column labeled “Policy and Program Adjustments.”

Projected Non Benefit Costs: MCO plan administrative adjustment

The Adoption Assistance and Foster Care MCO plan administrative adjustment is calculated using the same methodology described for the LIFC and ABAD populations. These programs are included when the CY 2014 average administrative dollar PMPM is apportioned across the eligibility groups enrolled in the Virginia DMAS managed care programs and described in Section II under the same subheading.

The resulting CY 2014 administrative cost was \$18.86 PMPM for Adoption Assistance and \$29.16 PMPM for Foster Care and is the sum of lines 1 and 2 of the administrative adjustment exhibit. Trending the separate administrative expense and salary components increases the value to \$19.42 PMPM for Adoption Assistance and \$30.02 PMPM for Foster Care.

To reflect an estimate of administrative activity rather than just differences in base costs, the administrative dollars PMPM were reallocated based on weighting by claims volume PMPM for each eligibility group on line 5b. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2016 AA and FC base rates to determine separate administrative allowances as a percentage of the base capitation rate.

This percentage is then increased by a 1.50% contribution to reserves. The allowance for a contribution to reserve is the same as in last year's rate setting. The trended value of the administrative factor is 6.9% for Adoption Assistance and 7.4% for Foster Care.

As for LIFC and ABAD, a rate adjustment for the health insurance premium excise tax is not included in the administrative cost adjustment presented here. An aggregated retrospective adjustment process will be used to pay the health insurer fee adjustment for the FY 2016 rates in the fall of calendar year 2016.

Projected Benefit Cost Trends: MCO Adoption Assistance and Foster Care trend and IBNR adjustments

The small AA/FC population and the phased expansion process produced unreliable results when trend models were developed using the separate MCO or FFS Adoption Assistance and Foster Care data. This was also true when the MCO and FFS data were combined for Adoption Assistance and Foster Care in a single model.

As a result, the applied data period and contract period trend for the draft rates uses the factors developed for the LIFC Child population. This therefore incorporates the age-gender factors and the hospital inpatient adjustment that is described in Section II. The separate service trend factors are applied to the distribution of those services in the historical AA and FC experience. The trend factors are presented in Exhibits 3a and 3b.

Incurred But Not Reported (IBNR) completion factors in the first column of AA/FC Exhibits 3a and 3b are based on the LIFC Child historical data and are applied to the total claims in the first column of AA/FC Exhibits 4a and 4b, with the dollar value of the IBNR completion factors shown in the second column of that exhibit. The data used in this analysis has run-out through October 2014 or four months past the end of the data reporting period.

The second column of AA/FC Exhibits 3a and 3b provides information on the cumulative impact of the policy and program adjustments in AA/FC Exhibits 2a - 2i. This is for informational purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Overall, the data period trend, weighted by the service distribution in the Adoption Assistance population is 3.2% and for Foster Care is 3.6%. The contract period has a weighted average of 4.0% for AA and 3.9% for FC.

The resulting trend factors are shown in AA/FC Exhibits 3a and 3b. These trend and IBNR factors are applied to the historical data in Exhibits 4a and 4b by applicable service category.

The administrative factor is then applied to the medical component of the capitation rate to produce the statewide MCO Foster Care and Adoption Assistance rate.

Projected Benefit Costs: FFS Adoption Assistance and Foster Care legislative and program adjustments

The historical FFS data presented in Exhibits 1a to 1b is adjusted by the policy and program factors described in this section (Exhibits 2a to 2j) and the Trend and IBNR factors (Exhibits 3).

The methodology for the FFS data Adoption Assistance and Foster Care adjustments is the same as that applied to the MCO Adoption Assistance and Foster Care adjustments, or those developed for the Medallion 3.0 population,

specifically LIFC Child where appropriate. Actual adjustment values may differ where the adjustment is developed using the FFS AA/FC data. All of these adjustments are reflected in the column “Policy and Program Adjustments” in Exhibits 4, with the exclusion of a Provider Incentive Adjustment.

Only those adjustments that differ from those used for MCO AA/FC, Medallion 3.0 MCO LIFC Child population are described. A summary of the adjustments for the FFS Foster Care and Adoption Assistance program is in the following table:

Table III.2		
Medallion 3.0 Adjustment Methodology Used in FFS Adoption Assistance/ Foster Care Rates		
Medallion 3.0 Exhibit Number and Adjustment Name	AA/FC	Adoption Assistance/Foster Care Values
2a Pharmacy Adjustment	2a	2a: -2.7% AA / -2.1% FC
2b Exempt Infant Formula Carveout	2b	2b: -2.1% AA / -1.5% FC
2c Hospital Inpatient	2c	2c: 2.7% IP Med/Surg and -3.1% IP Psych AA 1.9% IP Med/Surg and -3.3% IP Psych FC
2d Freestanding Psychiatric Hospital Adjustment	2d	2d: -0.1% AA / -0.1% FC
Non-Emergency Transportation Adjustment (Not in Medallion 3.0)	2e	2e: \$2.51 PMPM
2e DME Fee Adjustment	2f	2f: -2.3% AA / -3.7% FC
2f Hep C Adjustment	2g	2g: 0.0% AA / 0.4% FC
2g Provider Incentive	NA	Not applied
Lab Fee Adjustment (Not in Medallion 3.0)	2h	2h -12%
2h Emergency Room Triage Adjustment	2i	2i: 0.7% AA / 0.8% FC
2i Resource Based Relative Value Scale Adjustment	2j	2j: 0.5%
Managed Care Savings (Not in Medallion 3.0)	2k	2k: -10.0% AA/ 0.0% FC All Services Managed Care Savings, exclude Pharmacy
2j Administrative Cost	2l	2h: 6.9 % AA / 7.4% FC Same as MCO

Pharmacy adjustment

The outpatient prescription drug adjustment is based on FFS AA/FC data compared to the MCO AA/FC data, taking into consideration aspects of pharmacy management reported by the health plans. The calculation uses the FFS data net cost and subtracts out the DMAS FFS dispensing fees. It then applies the managed care factors for rebates and Pharmacy Benefit Management administrative fees, to determine an adjusted PMPM.

The final pharmacy adjustment factors are shown in AA/FC Exhibit 2a. The PBM factor is a reduction of -2.7% for AA and -2.1% for FC. These reductions are driven primarily by the rebate and the lower MCO dispensing and administrative fees relative to the FFS dispensing fee.

Non-emergency transportation adjustment

Non-emergency transportation services for FFS Medicaid beneficiaries are provided by an outside vendor and are not reflected in the base data. The adjustment uses the projected FY 2016 capitation payment to the transportation vendor for the LIFC Child rate cell. The amount removes the vendor administrative component. The value is shown in Exhibit 2e and is applied as a PMPM amount in the last column of FFS AA/FC Exhibits 4a and 4b under the column PMPM FY16.

FFS Foster Care and Adoption Assistance managed care savings adjustment

For the AA/FC population, we applied a pharmacy managed care savings adjustment as described in AA/FC Exhibit 2a. A uniform -10% managed care savings assumption is applied to all other service lines for the Adoption Assistance population. Service specific managed care savings were not applied. Services with the greatest potential for managed care savings include Hospital Inpatient Other and Hospital Inpatient Psych, Professional Psych, and Laboratory and Radiology. There is no managed care savings applied to the FFS Foster Care rate.

Projected Benefit Cost Trends: FFS Adoption Assistance and Foster Care trend and IBNR adjustments

As described in the MCO trend and IBNR adjustment, alternative trend models using combinations of MCO and FFS Adoption Assistance and Foster Care data were tested and determined to be not credible. The draft rates apply trend and IBNR factors developed for the LIFC Child population.

These trends are presented in FFS Exhibits 3a and 3b. Incurred But Not Reported (IBNR) completion factors in the first column of FFS AA/FC Exhibits 3a and 3b are based on the LIFC Child historical data and are applied to the total claims in the first column of FFS AA/FC Exhibits 4a and 4b, with the dollar value of the IBNR completion factors shown in the second column of that exhibit. The data used in this analysis has run-out through October 2014 or four months past the end of the data reporting period.

The second column of AA/FC Exhibits 3a and 3b provides information on the cumulative impact of the policy and program adjustments in FFS AA/FC Exhibits 2a – 2j. This is for informational purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Overall, the data period trend, weighted by the service distribution in the Adoption Assistance population is 3.3% and for Foster Care is 3.9%. The contract period has a weighted average of 3.5% for AA and 4.0% for FC.

The resulting trend factors are shown in the last column of FFS AA/FC Exhibits 3a and 3b. These trend and IBNR factors are applied to the FFS AA/FC historical data in Exhibits 4 by applicable service category.

The administrative factor is then applied to the medical component of the capitation rate to produce the statewide FFS Foster Care and Adoption Assistance rate.

Base capitation rates: Adoption Assistance and Foster Care

The adjusted and trended MCO and FFS rates from Exhibits 4 are summarized separately in Exhibits 5a and 5b.

The MCO rates of \$301.61 for Adoption Assistance and \$468.98 for Foster Care are shown in AA/FC Exhibits 4a and 4b and summarized in Exhibit 5a. The MCO rate is compared to the FY 2015 Foster Care /Adoption Assistance rate that was developed using FFS data only. The Adoption Assistance rate is higher by 11.6% and the Foster Care rate is 3.4% higher. Overall, the FY 2016 weighted average is 6.9% higher than the rates developed for FY 2015.

The FFS rates of \$354.30 for Adoption Assistance and \$505.06 for Foster Care are shown in FFS AA/FC Exhibit 4a and 4b and summarized in Exhibit 5b. The FFS rate is compared to the FY 2015 Foster Care /Adoption Assistance rate that were developed using FFS data only. The Adoption Assistance rate is higher by 31.1% and the Foster Care rate is 11.4% higher. Overall, the FY 2016 weighted average is 15.2% higher than the rates developed for FY 2015.

Drug reinsurance adjustment

The drug reinsurance adjustment was calculated for the populations similarly to the process described for Medallion 3.0. Amounts were calculated separately for MCO AA, MCO FC, and FFS AA and FFS FC for each year.

Exhibit 6 presents the steps in the reinsurance calculation and information on the number of people who met the threshold in each of the base years. For FY 2013, the dollars above the discounted threshold amounts were trended 36 months at 12% (three years to the midpoint of the FY 2016 period ended June 30, 2016). This amount is reduced by \$150,000 per person plus the additional 10% of risk that will be retained by the health plans. This is the estimate of the 90% reinsurance pool for that year. The calculation is repeated for the FY 2014 dollars above the discounted threshold amount, which is trended at 12% for 24 months (two years to the midpoint of the FY 2016 period ended June 30, 2016). The average of the two year base period reinsurance pool is divided by the historical members in the aid category to develop each reinsurance amount PMPM.

The reinsurance amounts range from \$1.21 PMPM for MCO AA to \$49.66 PMPM for FFS FC. The high value for the FFS FC population is explained by a single hemophiliac child who has incurred more than \$2.0 million of pharmacy expenses in FY13 and \$1.5 million of pharmacy expenses in FY14. These amounts will be subtracted from the health plan capitation payment for those rate cells to fund a drug reinsurance pool.

Blended Adoption Assistance and Foster Care rates

In Exhibit 7, the separate FFS AA/FC and MCO AA/FC rates are adjusted to remove the drug reinsurance amount and then blended by the proportion of MCO and FFS member months during the historical base period. This is approximately 75% FFS member months and 25% MCO member months.

The resulting blended rate is \$341.37 for Adoption Assistance and \$496.97 for Foster Care. Each is then reduced by the blended value of the drug reinsurance adjustment. This is a final blended rate of \$335.14 PMPM for Adoption Assistance and \$457.10 for Foster Care

These FY 2016 rates are compared to the FY 2015 rates, which were based upon FFS data only. The FY 2016 Adoption Assistance rate is 26.3% higher and the FY 2016 Foster Care rate is 9.6% higher than the FY 2015 rates.

The Adoption Assistance and Foster Care program will be included the calculation of the FY 2016 Performance Incentive Awards. The value of the 0.15% maximum Performance Incentive Award or penalty is not reflected in the FY 2016 capitation rates because total awards for all contractors will equal total penalties for all contractors.

Exhibit 8 displays the Adoption Assistance and Foster Care enrollment in the health plans as of March 2015.

IV. ALTC and Health and Acute Care Program

Background

Effective December 1, 2014, DMAS enrolled all Medicaid Fee for Service eligibles that are in the Elderly or Disabled with Consumer Direction (EDCD) waiver and who otherwise meet the criteria for enrollment into managed care into the Medallion 3.0 MCOs. This expansion is named Health and Acute Care Program (HAP). The HAP population was combined with the existing Acute and Long-Term Care (ALTC) waiver population that was enrolled in the MCOs and is referred to as the ALTC/HAP population in this report. As of December 1, 2014, new rate cells for the combined ALTC/HAP group were established.

The ALTC population consists of MCO members who become eligible to participate in selected waivers and who remain in Medallion 3.0 for coverage of acute care services. The waivers include EDCD, plus the Intellectual Disabilities (ID) waiver, the Day Support waiver, and the Individual and Family Developmental Disabilities Support (IFDDS or DD) waiver for those with physical or intellectual disabilities. The MCO ALTC population had been primarily assigned to ABAD aid code categories.

Previous Medallion 3.0 rate setting evaluated the ABAD ALTC population historical base, developed adjustments, and blended the projected ABAD ALTC capitation rate with those for the general ABAD population. ABAD ALTC members are higher cost and have been growing as a proportion of all Medallion 3.0 ABAD. Absent the ALTC/HAP expansion, ABAD ALTC was projected to be 6.25% of the ABAD population by the end of FY 2015. Up until the recent expansion, the small LIFC ALTC waiver population had not been analyzed separately and had been included in the LIFC capitation rate development. The ABAD ALTC and the LIFC ALTC populations are combined for the ALTC/HAP population rate development.

As Foster Care children moved into health plans through the expansion in FY 2014, a few children with a Foster Care aid code were certified to receive EDCD waiver services. The MCO Foster Care with EDCD waiver were identified after the FY 2012- FY 2013 period used for ALTC/HAP rate development and are not included in the base data. As of December 1, 2014, the waiver eligibility takes priority and these children will be in the ALTC /HAP aid category rather than in Adoption Assistance or Foster Care.

Databook

Capitation rates for the ALTC/HAP Expansion are developed by separately analyzing and adjusting the historical eligibility and claims experience for those who are in MCO ALTC and those who are in FFS Medicaid EDCD waivers and who were enrolled in Medallion 3.0 under the expansion. The two rate developments are blended to obtain the FY 2016 ALTC/HAP capitation rates.

These Medallion 3.0 rates are developed to be consistent with the requirements of Medicaid managed care rate setting and meet the criteria for actuarial soundness.

Capitation rate cells for Medallion 3.0 ALTC/HAP are statewide and vary based on age. ALTC/HAP Child rates are developed for all waiver populations up to age 21 and ALTC/HAP Adult rates are developed for those 21 to 64. There is no rate cell distinction by aid code category; the ALTC/HAP population is defined by eligibility for the waiver services, regardless of whether they are categorized in a LIFC, ABAD, or another aid code. Because of the relatively small population, the ALTC/HAP Child and Adult rates do not vary by region. These rate cell categories may be re-evaluated in the future if there is substantial growth in the program.

Processing of the data is similar to that used for the development of the MCO base data in the Medallion 3.0 program. Claims were excluded for services that will not be the responsibility of the MCO. The major exclusion is the cost of the EDCD and other waiver services. These will continue to be paid through the Medicaid FFS program.

The MCO ALTC FY 2013-FY 2014 base period data identified a monthly average of over 3,700 people who receive waiver services, and the ALTC population continues to increase. From the beginning of FY 2013 to the end of FY 2014, the ALTC population increased from approximately 2,800 to over 4,500 members. By October 2014, there were over 4,900 ALTC members. The majority was eligible for the EDCD waiver and the remainder was in the developmental disability waivers, primarily the ID waiver.

The Medallion 3.0 FY 2013-FY 2014 MCO ALTC base data was structured to summarize statewide child and adult eligibility and costs for both the ABAD ALTC and the LIFC ALTC populations. Within the combined MCO ALTC population, approximately 38% are children and 61% are adult.

The FFS HAP FY 2013-FY 2014 base period identified a monthly average of nearly 3,000 people who receive EDCD waiver services, and the population was stable over the two years. Approximately 49% are children and 51%, are adults.

Exhibits 1a present the historical claims data for the MCO ALTC Child and Adult population with EDCD or ID related waiver who were enrolled in MCOs. FFS HAP EDCD Exhibits 1b present the historical claims data for the Child and Adult population with EDCD waiver who were enrolled in Medicaid FFS. There are substantial differences in cost between the ALTC and the HAP population. ALTC base period costs are over \$1,650 PMPM for children and about \$2,000 PMPM for adults. HAP EDCD Child is about \$1,200 PMPM while the adult is over \$2,200 PMPM.

Projected Benefit Costs: ALTC program adjustments

Legislation and policy changes in the Medallion 3.0 program for FY 2012 and later must be reflected in the development of per capita rates, as the data used to develop rates do not fully include the effect of those changes.

The historical data presented in Exhibits 1a is adjusted by the policy and program factors described in this section (Exhibits ALTC 2a to 2i) and the Trend and IBNR factors (Exhibits 3a and 3b).

The methodology for ALTC and HAP adjustments is the same as that used for the Medallion 3.0 program. The percentage or PMPM adjustment values may differ from the Medallion 3.0 where the adjustment is based on the ALTC or HAP data. All of the adjustments are reflected in the column “Policy and Program Adjustments” in Exhibits 4a. Only those adjustments that differ from the ones used for Medallion 3.0 MCO ABAD or LIFC are described. ALTC adjustment calculations are based on the historical combination of ABAD ALTC and LIFC ALTC base data.

A summary of the adjustments for the MCO ALTC population is presented in the following table:

Table IV.1
Medallion 3.0 Adjustment Methodology Used in MCO ALTC Adjustment

Medallion Exhibit Number and Adjustment Name	ALTC	ALTC Values
2a Pharmacy Adjustment	2a	2a: -1.7% Child and -1.3%Adult
2b Exempt Infant Formula Carveout	2b	2b: -1.4% Child and N/A Adult
2c Hospital Inpatient	2c	2c: 1.9% IP Med/Surg and -2.2% IP Psych
2d Freestanding Psychiatric Hospital Adjustment	2d	2d: -0.03%
2e DME Fee Adjustment	2e	2e: -6.7%
2f Hepatitis C Treatment Adjustment	2f	2f: 0.0% ALTC Child 0.9% ALTC Adult
2g Provider Incentive Adjustment	2g	2g: 0.1% ALTC
2h Emergency Room Triage Adjustment	2h	2h: 0.2% ALTC
2i Resource Based Relative Value Scale Adjustment	2i	2i: -0.2% ALTC
MCO Administrative Cost (Not in Medallion 3.0)	2j	2j 5.9% ALTC

Hepatitis C treatment adjustment

For ALTC Child, no children had undergone the drug therapy during the base data period, even though 21 members were tested for the disease. For ALTC Adult, 5.3% were tested for the disease, approximately 6.2%, or 245 members, have a diagnosis of Hepatitis C, and of those, 1.6% have undergone drug therapy.

The Hepatitis C Drug treatment adjustment is developed by applying estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The

cost of the new Hepatitis C drug therapy is estimated to average \$90,000 per person, or about \$30,000 more than the average cost of drug therapy at the end of the base data period

The calculation of the additional cost of Hepatitis C treatment is presented in Exhibit 2f. The increase is converted to a percentage adjustment to total claims in the pharmacy service category, and is 0.0% for ALTC Child and 0.9% for ALTC Adult. The adjustment is added in ALTC Exhibits 4a under the column labeled “Policy and Program Adjustments.”

Projected Non Benefit Costs: ALTC plan administrative adjustment

The ALTC plan administrative adjustment is calculated using the same methodology described for the LIFC and ABAD populations. This program was included when the CY 2014 average administrative dollar PMPM was apportioned across the eligibility groups enrolled in the Virginia DMAS managed care programs using the ratio of the adjusted and trended base medical expense PMPM for each aid category.

The resulting CY 2014 administrative cost was \$138.25 PMPM for ALTC and is the sum of lines 1 and 2 of the administrative adjustment exhibit. Trending the separate administrative expense and salary components increases the value to \$142.31 PMPM for ALTC.

To reflect an estimate of administrative activity rather than just differences in base costs, the administrative dollars PMPM were reallocated based on weighting by claims volume PMPM for each eligibility group on line 5b. This reduces the administration adjustment to \$95.33 PMPM. The reallocated administrative costs are compared to the weighted average of the medical component of the FY 2016 ALTC base rates to determine separate administrative allowances as a percentage of the base capitation rate.

This percentage is then increased by a 1.50% contribution to reserves. The allowance for a contribution to reserve is the same as in last year's rate setting. The trended value of the administrative factor is 5.9% for ALTC.

As for LIFC and ABAD, a rate adjustment for the health insurance premium excise tax is not included in the administrative cost adjustment presented here. An aggregated retrospective adjustment process will be used to pay the health insurer fee adjustment for the FY 2016 rates in the fall of calendar year 2016.

Projected Benefit Cost Trends: ALTC trend and IBNR adjustments

Trend and IBNR adjustment factors use separate ALTC Child and Adult data to develop an All Services data period and contract period trend. We used the monthly historical MCO expenditures for FY 2013 and FY 2014 with run-out through October 2014 to develop the data period trend. Contract period trend was evaluated using monthly health plan expenditures for July 2011 through December 2014, with run out through February 2015.

Because of the high incidence of Hepatitis C in the ALTC Adult population, we adjusted the All Service trend in a manner similar to that described for the pharmacy trend for LIFC Adult and the ABAD populations. For the data

period, we adjusted the July 2013 to January 2014 data period, with an increase in the PMPM that reflects the difference in average PMPM pre and post availability of the new Hepatitis C regimens. For ALTC Adult, \$29.00 PMPM is added to the trend data used in the regression models in each month, and the regression is recalculated. The effect is to dampen the data period unit cost trend calculated using the original claims data.

The equivalent amount of dollars added to the data trend model is added to the base data in the Exhibit 4 rate cell calculations under the column “Base Claims Redistribution and Adjustments FY13-FY14”. Approximately \$1.3 million is added to the ALTC Adult rate cell in the pharmacy service line.

The ALTC Adult contract period pharmacy trend is calculated excluding the Hepatitis C drug therapies. In conjunction with the separate Hepatitis C adjustment, we believe that this adequately accounts for expected pharmacy costs in FY 2016. Pharmacy reinsurance also protects plans from unexpected pharmacy costs.

Incurred But Not Reported (IBNR) completion factors in the first column of ALTC Exhibits 3a and 3b are based on the ALTC historical data and are applied to the total claims in the first column of ALTC Exhibits 4a, with the dollar value of the IBNR completion factors shown in the second column of that exhibit. The data used in this analysis has run-out through October 2014 or four months past the end of the data reporting period, and the resulting IBNR factor is small. The second column of ALTC Exhibits 3a and 3b provides information on the cumulative impact of the policy and program adjustments in ALTC Exhibits 2a - 2i. This is for informational purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Overall, the data period trend, weighted by the service distribution in the ALTC Child population is 4.1% and for ALTC Adult is 1.7%.

All Service contract trend for both Child and Adult is increased by approximately 0.1%. The ALTC Child contract period trend is positive at 5.2% while the ALTC Adult is 0.0%. This incorporates the age-gender adjustments shown in the next table. There is no service category specific trend adjustment.

Table IV.2 Summary of Adjustments to ALTC Trend		
Trend Adjustment	Time Period	Adjustment
Age-Gender	July 2011 – February 2015	-3.9% ALTC Child 2.4% ALTC Adult

The resulting trend factors are shown in ALTC Exhibits 3a and 3b. These trend and IBNR factors are applied to the historical data in Exhibits 4a.

Projected Benefit Costs: HAP program adjustments

The FFS HAP EDCD historical data presented in Exhibits 1b is adjusted by the policy and program factors described in this section (Exhibits HAP 2a to 2j) and the Trend and IBNR factors (Exhibits 3a and 3b).

A summary of the adjustments for the FFS HAP EDCD population is presented in the following table:

Table IV.3
Medallion 3.0 Adjustment Methodology Used in FFS HAP Adjustment

Medallion Exhibit Number and Adjustment Name	HAP	HAP Values
2a Pharmacy Adjustment	2a	2a: -3.0% HAP Child and -3.8% HAP Adult
2b Exempt Infant Formula Carveout	2b	2b: -1.4% HAP Child
2c Hospital Inpatient	2c	2c: 1.9% IP Med/Surg and -2.2%
2d Freestanding Psychiatric Hospital Adjustment	2d	2d: -0.03%
Non-Emergency Transportation Adjustment (Not in Medallion 3.0)	2e	2e: \$13.39 PMPM Child \$31.50 PMPM Adult
2e DME Fee Adjustment	2f	2f: -5.6% HAP Child and Adult
Lab Fee Adjustment (Not on Medallion 3.0)	2g	2g: -12.0% Med 3.0 ABAD
2f Hepatitis C Treatment Adjustment	2h	2h: 0.0% HAP Child 1.0% HAP Adult
2g Provider Incentive	NA	Not applied
2h Emergency Room Triage Adjustment	2i	2i: 0.7% HAP
2i Resource Based Relative Value Scale Adjustment	2j	2j: 0.5% HAP
Managed Care Adjustment (Not in Medallion 3.0)	2k	2k: 28.7% HAP Child 12.6% HAP Adult
2j MCO Administrative Cost	2l	2l: 5.9% ALTC

Pharmacy adjustment

The outpatient prescription drug adjustment is based on FFS HAP EDCD data, taking into consideration aspects of pharmacy management reported by the health plans. The calculation uses the FFS data net cost and subtracts

out the DMAS FFS dispensing fees. It then applies the managed care factors for rebates and Pharmacy Benefit Management administrative fees, to determine an adjusted PMPM.

Review of the HAP brand-generic mix shows a comparatively low proportion of generics among the HAP Child population and a higher proportional generic usage in the HAP Adult population. In the FY 2013 to FY 2014 period, only 72% of the HAP Child prescriptions were for generic drugs while 78% of the HAP Adult prescriptions were for generic drugs. A brand-generic improvement adjustment is applied to HAP Child based on the assumption of getting to the level of ALTC Child generic proportion in three years. HAP utilization is lower than the comparable ALTC utilization and no additional adjustment is made.

Overall, pharmacy services represented approximately 23% of the total HAP Child base period costs and 22% of total HAP Adult base period costs.

Based on plan submitted data, we estimate the effective pharmacy rebate will not change from the amount projected by the health plans, or 1.7%. The final pharmacy adjustment factors are shown in HAP Exhibit 2a. The PBM factor is a reduction of 3.0% for HAP Child and a reduction of 3.8% for HAP Adult. These reductions are driven primarily by the rebate and the lower MCO dispensing and administrative fees relative to the FFS dispensing fee.

Non-emergency transportation adjustment

Non-emergency transportation services for FFS Medicaid beneficiaries are provided by an outside vendor and are not reflected in the base data. The adjustment uses the projected FY 2016 capitation payment to the transportation vendor for the ABAD Child and ABAD Adult. The amount removes the vendor administrative component. The value is shown in Exhibit 2e and is applied as a PMPM amount in the last column of FFS HAP Exhibit 4b under the column PMPM FY16.

Durable Medical Equipment fee adjustment

The DME adjustment for the HAP population used the same methodology as the calculation of the Adoption Assistance/Foster Care DME adjustment. Overall, 16.5% of HAP DME claims dollars were for codes subject to the reduction. Savings on this subset were 34.3%.

This results in adjustment factor reduction of 5.6% for the HAP population. It is shown in Exhibit 2f and added in Exhibit 4b under the column labeled “Policy and Program Adjustments.”

Hepatitis C treatment adjustment

For HAP Child, 0.4% were tested for Hepatitis C, and 1 child was diagnosed for the disease, but no child underwent drug therapy treatment. For HAP Adult, 3.7% were tested for the disease, approximately 5.8%, or 187 members, have a diagnosis of Hepatitis C, and of those, 1.6% have undergone drug therapy.

The Hepatitis C Drug treatment adjustment is developed by applying estimates of increases in Hepatitis C testing, identification of new cases, and increases in the frequency of drug treatment using the new drug regimens. The

cost of the new Hepatitis C drug therapy is estimated to average \$90,000 per person, or approximately \$30,000 more than the average cost of drug therapy at the end of the base data period.

The calculation of the additional cost of Hepatitis C treatment is presented in Exhibit 2h. The increase is converted to a percentage adjustment to total claims in the pharmacy service category, and is 0.0% for HAP Child and 1.0% for HAP Adult. The adjustment is added in HAP Exhibits 4b under the column labeled “Policy and Program Adjustments.”

HAP Managed Care Adjustment

As noted, there are substantial differences in the base PMPM costs between the ALTC and the HAP population. ALTC Child base costs are nearly 37% higher than the HAP Child costs while the ALTC Adult base costs are 8% lower than the HAP Adult costs.

These ALTC – HAP differences were evaluated two ways: 1) an examination of outlier costs in the two populations and 2) a comparison of CDPS risk adjustment raw scores.

For the outlier analysis, we identified all ALTC and HAP members with total annual costs exceeding \$100,000. These members represented over 20% of total costs for ALTC Child compared to 25% of the HAP Child base costs. The Adult population proportions of outliers were quite different. High cost members represented between 5% to 8% of ALTC Adult costs and 19% to 22% of HAP Adult costs. When we removed costs above the \$100,000 annual threshold from the base, the ALTC Child PMPM was 31.5% higher than the HAP Child PMPM and the ALTC Adult PMPM was 5.4% lower than the HAP Adult PMPM.

We also examined differences in CDPS raw scores. All ALTC and HAP members, regardless of aid code categorization, were evaluated using the CDPS ABAD model. This CDPS model uses the Virginia specific weights developed for the CDPS recalibration completed for the FY 2014 rate development. This analysis indicated that the ALTC Child population had a risk score 2.8% higher than the HAP Child. The ALTC Adult risk score was 17.9% lower than the HAP Adult risk score.

These differences were used to develop the managed care adjustment. The ALTC and HAP base data PMPM differences were reduced by the proportion explained by outliers and the CDPS scores. The managed care adjustment is 28.7% for HAP Child and 12.6% for HAP Adult. The calculation of these values is shown in the table below.

Table IV.4
Managed Care Adjustment Background Calculation: ALTC v HAP

	Base PMPM Difference	Difference Explained by Outliers	CDPS Risk Score Difference	Final Adjustment
Child	36.9%	5.3%	2.8%	28.7%
Adult	-8.3%	-3.0%	-17.9%	12.6%

These results are shown in Exhibit 2k and applied in the column labeled Managed Care Utilization Adjustment in Exhibits 4b.

Projected Benefit Cost Trends: HAP trend and IBNR adjustments

Trend and IBNR adjustment factors use separate HAP Child and Adult data to develop an All Services data period and contract period trend. We used the monthly historical FFS expenditures for FY 2013 and FY 2014 with run-out through October 2014 to develop the data period trend. Contract period trend was evaluated using monthly health plan expenditures for July 2011 through December 2014 with run out through February 2015.

Because of the high incidence of Hepatitis C in the HAP Adult population, we adjusted the All Service trend in a manner similar to that described for the pharmacy trend for LIFC Adult, ABAD, and ALTC Adult populations. For the data period, we adjusted the July 2013 to January 2014 data period, with an increase in the PMPM that reflects the difference in average PMPM pre and post availability of the new Hepatitis C regimens. For ALTC Adult, \$19.00 PMPM is added to the-trend data used in the regression models in each month, and the regression is recalculated. The effect is to dampen the data period unit cost trend calculated using the original claims data.

The equivalent amount of dollars added to the data trend model is added to the base data in the Exhibit 4 rate cell calculations under the column “Base Claims Redistribution and Adjustments FY13-FY14”. Approximately \$915,000 is added to the ALTC Adult rate cell on the pharmacy service line.

The ALTC Adult contract period pharmacy trend is calculated excluding the Hepatitis C drug therapies. In conjunction with the separate Hepatitis C adjustment, we believe that this adequately accounts for expected pharmacy costs in FY 2016. Pharmacy reinsurance also protects plans from unexpected pharmacy costs

Incurred But Not Reported (IBNR) completion factors in the first column of HAP Exhibits 3a and 3b are based on the HAP historical data and are applied to the total claims in the first column of HAP Exhibits 4b, with the dollar value of the IBNR completion factors shown in the second column of that exhibit. The data used in this analysis has run-out through October 2014 or four months past the end of the data reporting period, and the resulting IBNR factors, are small. The second column of HAP Exhibits 3a and 3b provides information on the cumulative impact of the policy and program adjustments in HAP Exhibits 2a – 2j. This is for informational purposes and should be evaluated in conjunction with the IBNR and applied trend.

Utilization and cost trend are presented separately for the data period and as a combined trend for the contract period. Overall, the data period trend, weighted by the service distribution in the HAP Child population is 3.5% and for HAP Adults is -0.6%.

HAP Child and HAP Adult contract period trend is set to the values developed for the MCO ALTC Child and Adult populations.

The resulting trend factors are shown in HAP Exhibits 3a and 3b. These trend and IBNR factors are applied to the historical data in HAP Exhibits 4b.

Capitation rates for ALTC and HAP

The administrative factor is then applied to the medical component of the capitation rate to produce the statewide ALTC and HAP rates. The resulting rates of \$2,005.82 for ALTC Child and \$2,298.39 for ALTC Adult are shown in Exhibit 5a. The resulting rates of \$1,742.07 for HAP Child and \$2,655.22 for HAP Adult are shown in Exhibit 5b. March 2015 ALTC and December 2014 HAP member months are included for informational purposes.

Additional Adjustments

Drug reinsurance adjustment

DMAS will reinsure 90% of drug costs above \$150,000 per member per year. As in the LIFC and ABAD rate development, this will apply to the combined cost of pharmacy prescription drugs as well as the cost of drugs administered under professional supervision in a hospital outpatient or physician office setting.

The FY 2013 and FY 2014 ALTC and HAP historical data was analyzed to determine the total dollars and the number of members with drug costs in increments of \$25,000. This included outpatient prescription pharmacy drugs, specialty drugs administered in a hospital outpatient or physician office setting, or a combination of both. Results of the continuance table analysis indicated there was an increase in the dollar expenditure of those with high annual drug costs during the base period. For ALTC Child, high cost members account for approximately 22% of pharmacy and physician administered drug expenses. For ALTC Adult, they represented 4.9% of drug expenditures. In the HAP EDCD population, only 6 people met the threshold for the drug reinsurance adjustment, but associated costs exceeding the respective thresholds were relatively little. The reinsurance amounts were calculated separately for ALTC Child, ALTC Adult, HAP Child, and HAP Adult for each year. This begins with the calculation of the discounted threshold, the annual cost drug cost, that when trended to FY 2016, would reach the FY 2016 \$150,000 reinsurance threshold. A 12% specialty drug unit cost trend was used as the discount rate. In general, members with \$100,000 to \$125,000 in annual drug costs during the base period were estimated to meet the \$150,000 threshold for FY 2016.

Exhibit 6 presents the steps in the reinsurance calculation and information on the number of people who met the threshold in each of the base years. For FY 2013, the dollars above the discounted threshold amounts were trended 36 months at 12% (three years to January 1, 2016). This amount is reduced by \$150,000 per person plus the additional 10% of risk that will be retained by the health plans. This is the estimate of the 90% reinsurance pool for that year. The calculation is repeated for the FY 2014 dollars above the discounted threshold amount, which is trended at 12% for 24 months (two years to January 1, 2016). The average of the two year base period reinsurance pool is divided by the historical members in the aid category to develop each reinsurance amount PMPM.

The reinsurance amounts range from \$1.23 PMPM for HAP Child to \$72.32 PMPM for ALTC Child. These amounts are used to develop the blended rate and will be subtracted from the health plan capitation payment for those rate cells to fund a drug reinsurance pool as required by the CMS checklist.

This calculation is shown in Exhibit 6 and the health plan specific rates, as adjusted for removal of the drug reinsurance amount, are shown in Exhibit 7.

Blended ALTC and HAP Expansion rates

The ALTC and HAP base rates from Exhibits 5 are carried forward to Exhibit 7, and the drug reinsurance amounts from Exhibit 6 is subtracted. The base rates and the drug reinsurance amounts are weighted by the FY 2013-FY 2014 historical member months. For ALTC/HAP Child, the rate will be \$1,834.24 PMPM, which reflects the \$35.70 PMPM reduction from drug reinsurance. For ALTC/HAP Adult, the rate will be \$2,436.42 PMPM, which reflects the \$7.87 PMPM reduction from drug reinsurance.

The ALTC and HAP program will be included the calculation of the FY 2016 Performance Incentive Awards. The value of the 0.15% maximum Performance Incentive award or penalty is not reflected in the FY 2016 capitation rates because total awards for all Contractors will equal total penalties for all contractors.

For informational purposes, the March 2015 MCO ALTC population member months are presented in Exhibit 8.

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	119,311	118,021						
Service Type								
DME/Supplies	\$375,917	\$359,820	\$3.15	\$3.05	660	739	\$57.32	\$49.51
FQHC / RHC	\$55,168	\$1,383	\$0.46	\$0.01	194	3	\$28.54	\$44.62
Home Health	\$38,899	\$28,627	\$0.33	\$0.24	7	9	\$598.44	\$325.31
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$14,792,617	\$15,986,521	\$123.98	\$135.45	392	469	\$3,792.98	\$3,462.24
IP - Other	\$2,449,753	\$2,511,133	\$20.53	\$21.28	48	41	\$5,146.54	\$6,246.60
IP - Psych	\$179	\$178	\$0.00	\$0.00	0	0	-	-
Lab	\$221,109	\$219,483	\$1.85	\$1.86	2,030	1,612	\$10.95	\$13.84
OP - Emergency Room & Related	\$1,888,395	\$1,543,934	\$15.83	\$13.08	1,038	1,024	\$182.93	\$153.27
OP - Other	\$1,137,945	\$1,203,235	\$9.54	\$10.20	301	457	\$380.84	\$267.89
Pharmacy	\$2,310,786	\$3,077,011	\$19.37	\$26.07	4,802	4,345	\$48.40	\$72.00
Prof - Anesthesia	\$101,407	\$96,224	\$0.85	\$0.82	48	52	\$212.15	\$186.70
Prof - Child EPSDT	\$829,593	\$1,034,433	\$6.95	\$8.76	7,192	7,303	\$11.60	\$14.40
Prof - Evaluation & Management	\$9,671,382	\$10,640,487	\$81.06	\$90.16	12,748	12,871	\$76.31	\$84.06
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,262,125	\$3,112,804	\$18.96	\$26.38	9,050	6,930	\$25.14	\$45.67
Prof - Psych	\$450	\$402	\$0.00	\$0.00	0	0	\$112.42	\$201.05
Prof - Specialist	\$489,710	\$519,786	\$4.10	\$4.40	515	585	\$95.59	\$90.37
Prof - Vision	\$173,748	\$175,708	\$1.46	\$1.49	86	79	\$203.45	\$226.95
Radiology	\$143,536	\$138,234	\$1.20	\$1.17	843	881	\$17.13	\$15.95
Transportation/Ambulance	\$486,791	\$456,127	\$4.08	\$3.86	326	216	\$150.06	\$214.95
Total	\$37,429,511	\$41,105,532	\$313.71	\$348.29				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	478,043	451,563						
Service Type								
DME/Supplies	\$722,785	\$605,185	\$1.51	\$1.34	227	244	\$79.90	\$65.91
FQHC / RHC	\$156,592	\$6,032	\$0.33	\$0.01	118	3	\$33.42	\$48.64
Home Health	\$172,972	\$8,120	\$0.36	\$0.02	3	0	\$1,330.55	\$507.49
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,751,461	\$3,839,789	\$7.85	\$8.50	16	13	\$5,861.66	\$7,664.25
IP - Psych	\$35,797	\$39,304	\$0.07	\$0.09	1	2	\$730.54	\$553.58
Lab	\$1,078,611	\$958,607	\$2.26	\$2.12	2,855	1,990	\$9.48	\$12.80
OP - Emergency Room & Related	\$5,246,063	\$3,791,054	\$10.97	\$8.40	709	643	\$185.79	\$156.72
OP - Other	\$4,839,108	\$4,205,550	\$10.12	\$9.31	202	244	\$601.06	\$458.37
Pharmacy	\$7,253,960	\$6,507,638	\$15.17	\$14.41	4,702	4,237	\$38.73	\$40.82
Prof - Anesthesia	\$378,849	\$268,642	\$0.79	\$0.59	60	58	\$158.12	\$123.34
Prof - Child EPSDT	\$792,757	\$807,765	\$1.66	\$1.79	1,743	1,512	\$11.42	\$14.19
Prof - Evaluation & Management	\$15,881,015	\$14,851,181	\$33.22	\$32.89	5,813	5,346	\$68.58	\$73.82
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$3,421,788	\$4,071,298	\$7.16	\$9.02	2,607	2,258	\$32.95	\$47.91
Prof - Psych	\$116,066	\$100,637	\$0.24	\$0.22	45	42	\$64.84	\$63.61
Prof - Specialist	\$1,048,704	\$956,096	\$2.19	\$2.12	299	359	\$87.98	\$70.70
Prof - Vision	\$809,508	\$826,460	\$1.69	\$1.83	160	148	\$127.32	\$148.30
Radiology	\$256,207	\$212,316	\$0.54	\$0.47	361	323	\$17.81	\$17.47
Transportation/Ambulance	\$1,554,426	\$1,458,815	\$3.25	\$3.23	178	110	\$218.78	\$351.10
Total	\$47,516,669	\$43,514,490	\$99.40	\$96.36				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	597,803	623,922						
Service Type								
DME/Supplies	\$521,073	\$481,181	\$0.87	\$0.77	107	103	\$97.78	\$89.49
FQHC / RHC	\$133,071	\$4,355	\$0.22	\$0.01	72	2	\$36.94	\$53.11
Home Health	\$126,957	\$203,370	\$0.21	\$0.33	2	2	\$1,459.28	\$1,753.19
IP - Maternity	\$16,129	\$11,882	\$0.03	\$0.02	0	0	\$4,032.17	\$2,970.59
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,791,163	\$3,845,846	\$6.34	\$6.16	8	7	\$9,573.64	\$9,963.33
IP - Psych	\$726,595	\$908,871	\$1.22	\$1.46	22	28	\$649.32	\$619.97
Lab	\$1,079,627	\$1,065,940	\$1.81	\$1.71	2,236	1,480	\$9.69	\$13.85
OP - Emergency Room & Related	\$4,617,630	\$3,988,347	\$7.72	\$6.39	391	362	\$236.96	\$211.85
OP - Other	\$4,295,351	\$4,316,743	\$7.19	\$6.92	177	194	\$485.84	\$428.16
Pharmacy	\$12,224,039	\$13,455,347	\$20.45	\$21.57	4,087	3,810	\$60.04	\$67.92
Prof - Anesthesia	\$287,019	\$240,912	\$0.48	\$0.39	34	35	\$169.03	\$133.17
Prof - Child EPSDT	\$215,038	\$215,250	\$0.36	\$0.34	371	266	\$11.64	\$15.54
Prof - Evaluation & Management	\$12,949,931	\$13,584,226	\$21.66	\$21.77	3,657	3,449	\$71.08	\$75.75
Prof - Maternity	\$8,834	\$7,667	\$0.01	\$0.01	1	0	\$226.51	\$696.97
Prof - Other	\$5,194,755	\$5,495,465	\$8.69	\$8.81	2,117	2,027	\$49.25	\$52.13
Prof - Psych	\$892,945	\$957,308	\$1.49	\$1.53	283	275	\$63.35	\$66.88
Prof - Specialist	\$1,279,588	\$1,311,404	\$2.14	\$2.10	237	262	\$108.26	\$96.25
Prof - Vision	\$1,294,764	\$1,465,711	\$2.17	\$2.35	433	286	\$60.01	\$98.67
Radiology	\$437,629	\$453,683	\$0.73	\$0.73	365	354	\$24.10	\$24.62
Transportation/Ambulance	\$1,811,620	\$1,970,429	\$3.03	\$3.16	217	136	\$167.46	\$278.23
Total	\$51,903,756	\$53,983,935	\$86.82	\$86.52				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	88,683	88,466						
Service Type								
DME/Supplies	\$120,255	\$74,316	\$1.36	\$0.84	108	87	\$150.51	\$115.58
FQHC / RHC	\$8,650	\$848	\$0.10	\$0.01	37	3	\$31.92	\$42.39
Home Health	\$6,902	\$4,484	\$0.08	\$0.05	2	1	\$405.99	\$407.63
IP - Maternity	\$1,875,740	\$1,810,426	\$21.15	\$20.46	90	80	\$2,820.66	\$3,052.99
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$698,928	\$889,743	\$7.88	\$10.06	15	15	\$6,471.56	\$8,162.78
IP - Psych	\$347,903	\$414,058	\$3.92	\$4.68	73	93	\$646.66	\$604.46
Lab	\$258,300	\$266,568	\$2.91	\$3.01	4,451	2,809	\$7.85	\$12.87
OP - Emergency Room & Related	\$1,755,944	\$1,429,553	\$19.80	\$16.16	697	707	\$340.96	\$274.39
OP - Other	\$1,161,276	\$1,197,683	\$13.09	\$13.54	373	424	\$421.67	\$382.89
Pharmacy	\$2,060,235	\$2,319,616	\$23.23	\$26.22	5,679	5,674	\$49.09	\$55.46
Prof - Anesthesia	\$159,645	\$138,757	\$1.80	\$1.57	124	125	\$174.86	\$150.99
Prof - Child EPSDT	\$40,324	\$31,160	\$0.45	\$0.35	298	258	\$18.34	\$16.39
Prof - Evaluation & Management	\$2,290,008	\$2,376,760	\$25.82	\$26.87	4,164	4,211	\$74.41	\$76.55
Prof - Maternity	\$1,040,298	\$886,242	\$11.73	\$10.02	195	174	\$722.43	\$690.22
Prof - Other	\$608,558	\$660,871	\$6.86	\$7.47	1,703	1,707	\$48.36	\$52.50
Prof - Psych	\$199,229	\$253,744	\$2.25	\$2.87	429	522	\$62.85	\$65.92
Prof - Specialist	\$253,955	\$268,964	\$2.86	\$3.04	407	448	\$84.48	\$81.41
Prof - Vision	\$187,865	\$204,453	\$2.12	\$2.31	509	316	\$49.99	\$87.67
Radiology	\$393,384	\$382,649	\$4.44	\$4.33	1,029	1,042	\$51.71	\$49.83
Transportation/Ambulance	\$334,449	\$364,761	\$3.77	\$4.12	401	272	\$112.72	\$181.83
Total	\$13,801,847	\$13,975,656	\$155.63	\$157.98				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	113,837	121,738						
Service Type								
DME/Supplies	\$359,994	\$503,919	\$3.16	\$4.14	327	322	\$116.13	\$154.29
FQHC / RHC	\$6,186	\$2,059	\$0.05	\$0.02	17	4	\$38.18	\$55.65
Home Health	\$50,684	\$51,631	\$0.45	\$0.42	15	13	\$354.43	\$400.24
IP - Maternity	\$10,459,356	\$13,821,135	\$91.88	\$113.53	351	410	\$3,144.73	\$3,324.79
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,771,089	\$6,220,138	\$50.70	\$51.09	75	75	\$8,116.86	\$8,184.39
IP - Psych	\$484,150	\$525,525	\$4.25	\$4.32	70	73	\$728.05	\$710.17
Lab	\$742,627	\$866,611	\$6.52	\$7.12	9,943	6,055	\$7.87	\$14.11
OP - Emergency Room & Related	\$6,588,617	\$6,215,062	\$57.88	\$51.05	1,921	1,851	\$361.48	\$330.89
OP - Other	\$5,713,648	\$6,855,104	\$50.19	\$56.31	1,229	1,479	\$490.19	\$456.89
Pharmacy	\$8,726,481	\$10,414,155	\$76.66	\$85.55	18,868	18,242	\$48.75	\$56.27
Prof - Anesthesia	\$825,026	\$874,668	\$7.25	\$7.18	512	586	\$169.97	\$147.23
Prof - Child EPSDT	\$31,077	\$39,248	\$0.27	\$0.32	248	266	\$13.24	\$14.53
Prof - Evaluation & Management	\$5,975,729	\$6,545,298	\$52.49	\$53.77	8,974	9,101	\$70.20	\$70.89
Prof - Maternity	\$5,307,494	\$6,360,925	\$46.62	\$52.25	816	909	\$685.37	\$689.68
Prof - Other	\$1,571,748	\$1,923,408	\$13.81	\$15.80	2,200	2,603	\$75.30	\$72.85
Prof - Psych	\$304,729	\$273,123	\$2.68	\$2.24	537	416	\$59.81	\$64.74
Prof - Specialist	\$1,557,401	\$1,553,184	\$13.68	\$12.76	1,305	1,349	\$125.80	\$113.52
Prof - Vision	\$164,123	\$190,271	\$1.44	\$1.56	114	134	\$151.82	\$140.21
Radiology	\$2,347,098	\$2,589,198	\$20.62	\$21.27	4,059	4,276	\$60.96	\$59.69
Transportation/Ambulance	\$616,995	\$721,408	\$5.42	\$5.93	1,213	887	\$53.62	\$80.21
Total	\$57,604,251	\$66,546,069	\$506.02	\$546.63				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	81,743	83,498						
Service Type								
DME/Supplies	\$79,462	\$81,386	\$0.97	\$0.97	101	77	\$115.67	\$151.56
FQHC / RHC	\$5,880	\$542	\$0.07	\$0.01	24	1	\$35.85	\$60.26
Home Health	\$1,101	\$3,679	\$0.01	\$0.04	0	2	\$1,101.08	\$306.58
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$939,123	\$1,175,486	\$11.49	\$14.08	12	14	\$11,739.04	\$11,994.76
IP - Psych	\$321,481	\$373,046	\$3.93	\$4.47	73	82	\$646.84	\$652.18
Lab	\$126,867	\$122,947	\$1.55	\$1.47	1,904	1,277	\$9.78	\$13.84
OP - Emergency Room & Related	\$928,430	\$832,484	\$11.36	\$9.97	422	404	\$322.93	\$295.84
OP - Other	\$964,533	\$934,993	\$11.80	\$11.20	214	241	\$662.00	\$557.54
Pharmacy	\$1,634,445	\$1,940,582	\$19.99	\$23.24	3,733	3,654	\$64.27	\$76.33
Prof - Anesthesia	\$52,129	\$47,032	\$0.64	\$0.56	39	43	\$195.24	\$157.83
Prof - Child EPSDT	\$22,030	\$133,318	\$0.27	\$1.60	276	227	\$11.71	\$84.27
Prof - Evaluation & Management	\$1,503,534	\$1,549,943	\$18.39	\$18.56	2,951	2,890	\$74.78	\$77.08
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$566,848	\$3,233,629	\$6.93	\$38.73	1,724	1,762	\$48.27	\$263.71
Prof - Psych	\$131,763	\$131,852	\$1.61	\$1.58	332	316	\$58.33	\$60.04
Prof - Specialist	\$276,424	\$306,316	\$3.38	\$3.67	313	347	\$129.65	\$126.84
Prof - Vision	\$152,889	\$168,150	\$1.87	\$2.01	400	237	\$56.17	\$102.03
Radiology	\$110,096	\$110,284	\$1.35	\$1.32	541	558	\$29.88	\$28.39
Transportation/Ambulance	\$314,799	\$312,233	\$3.85	\$3.74	264	153	\$174.99	\$293.18
Total	\$8,131,833	\$11,457,903	\$99.48	\$137.22				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	13,702	14,864						
Service Type								
DME/Supplies	\$87,833	\$69,223	\$6.41	\$4.66	550	369	\$139.86	\$151.47
FQHC / RHC	\$49	\$0	\$0.00	\$0.00	1	0	\$49.15	-
Home Health	\$6,399	\$14,914	\$0.47	\$1.00	25	20	\$228.52	\$596.57
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$937,936	\$1,177,580	\$68.45	\$79.22	82	62	\$9,978.04	\$15,293.25
IP - Psych	\$47,159	\$68,133	\$3.44	\$4.58	60	84	\$693.51	\$655.13
Lab	\$23,700	\$32,061	\$1.73	\$2.16	3,585	2,034	\$5.79	\$12.72
OP - Emergency Room & Related	\$545,945	\$473,284	\$39.84	\$31.84	1,323	1,163	\$361.31	\$328.44
OP - Other	\$359,283	\$489,164	\$26.22	\$32.91	463	551	\$679.17	\$717.25
Pharmacy	\$950,772	\$1,141,519	\$69.39	\$76.80	15,155	14,328	\$54.95	\$64.32
Prof - Anesthesia	\$28,462	\$23,525	\$2.08	\$1.58	140	132	\$177.89	\$144.33
Prof - Child EPSDT	\$2,058	\$2,329	\$0.15	\$0.16	175	160	\$10.29	\$11.76
Prof - Evaluation & Management	\$466,947	\$487,020	\$34.08	\$32.77	5,685	5,422	\$71.94	\$72.52
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$222,590	\$225,560	\$16.25	\$15.17	1,611	1,928	\$121.04	\$94.46
Prof - Psych	\$23,164	\$22,713	\$1.69	\$1.53	354	308	\$57.34	\$59.61
Prof - Specialist	\$141,369	\$170,171	\$10.32	\$11.45	780	857	\$158.66	\$160.39
Prof - Vision	\$22,393	\$24,110	\$1.63	\$1.62	162	150	\$121.04	\$129.63
Radiology	\$87,714	\$96,062	\$6.40	\$6.46	1,623	1,677	\$47.34	\$46.25
Transportation/Ambulance	\$72,943	\$65,973	\$5.32	\$4.44	546	489	\$117.08	\$108.87
Total	\$4,026,717	\$4,583,341	\$293.88	\$308.35				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	19,274	21,055						
Service Type								
DME/Supplies	\$206,852	\$155,753	\$10.73	\$7.40	1,217	976	\$105.86	\$90.98
FQHC / RHC	\$2,469	\$61	\$0.13	\$0.00	52	2	\$29.74	\$15.34
Home Health	\$27,775	\$18,410	\$1.44	\$0.87	54	27	\$319.26	\$391.71
IP - Maternity	\$19,467	\$45,381	\$1.01	\$2.16	6	6	\$2,162.97	\$4,125.58
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,087,470	\$2,081,496	\$160.19	\$98.86	153	109	\$12,601.92	\$10,841.12
IP - Psych	\$91,829	\$74,838	\$4.76	\$3.55	82	58	\$700.99	\$733.71
Lab	\$90,211	\$114,106	\$4.68	\$5.42	9,376	5,145	\$5.99	\$12.64
OP - Emergency Room & Related	\$918,621	\$756,195	\$47.66	\$35.92	1,212	1,089	\$472.06	\$395.91
OP - Other	\$1,412,490	\$1,428,658	\$73.28	\$67.85	1,171	1,310	\$750.93	\$621.43
Pharmacy	\$2,604,784	\$3,447,708	\$135.14	\$163.75	33,330	33,237	\$48.66	\$59.12
Prof - Anesthesia	\$90,200	\$65,619	\$4.68	\$3.12	314	298	\$178.97	\$125.71
Prof - Child EPSDT	\$4,849	\$6,738	\$0.25	\$0.32	369	438	\$8.18	\$8.77
Prof - Evaluation & Management	\$1,247,558	\$1,246,451	\$64.73	\$59.20	10,645	9,847	\$72.97	\$72.14
Prof - Maternity	\$10,481	\$15,891	\$0.54	\$0.75	8	18	\$806.23	\$496.58
Prof - Other	\$597,417	\$563,750	\$31.00	\$26.78	4,288	4,494	\$86.75	\$71.50
Prof - Psych	\$74,928	\$63,241	\$3.89	\$3.00	759	537	\$61.47	\$67.13
Prof - Specialist	\$446,118	\$480,133	\$23.15	\$22.80	1,941	1,982	\$143.08	\$138.05
Prof - Vision	\$78,026	\$83,068	\$4.05	\$3.95	626	586	\$77.56	\$80.81
Radiology	\$324,319	\$357,690	\$16.83	\$16.99	3,680	3,429	\$54.87	\$59.46
Transportation/Ambulance	\$144,872	\$121,993	\$7.52	\$5.79	2,392	1,409	\$37.71	\$49.33
Total	\$11,480,734	\$11,127,179	\$595.66	\$528.48				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	1,512,396	1,523,127						
Service Type								
DME/Supplies	\$2,474,171	\$2,330,783	\$1.64	\$1.53	223	224	\$88.05	\$81.95
FQHC / RHC	\$368,064	\$15,281	\$0.24	\$0.01	87	2	\$33.76	\$49.78
Home Health	\$431,688	\$333,235	\$0.29	\$0.22	4	3	\$773.64	\$750.53
IP - Maternity	\$12,370,691	\$15,688,824	\$8.18	\$10.30	32	38	\$3,089.58	\$3,292.51
IP - Newborn	\$14,792,617	\$15,986,521	\$9.78	\$10.50	31	36	\$3,792.98	\$3,462.24
IP - Other	\$21,426,922	\$21,741,210	\$14.17	\$14.27	22	20	\$7,791.61	\$8,610.38
IP - Psych	\$2,055,092	\$2,403,954	\$1.36	\$1.58	24	29	\$670.07	\$642.77
Lab	\$3,621,052	\$3,646,321	\$2.39	\$2.39	3,211	2,129	\$8.95	\$13.49
OP - Emergency Room & Related	\$22,489,645	\$19,029,913	\$14.87	\$12.49	696	656	\$256.28	\$228.59
OP - Other	\$19,883,636	\$20,631,130	\$13.15	\$13.55	303	367	\$521.10	\$443.31
Pharmacy	\$37,765,503	\$42,303,576	\$24.97	\$27.77	5,997	5,741	\$49.96	\$58.06
Prof - Anesthesia	\$1,922,737	\$1,755,379	\$1.27	\$1.15	89	97	\$170.61	\$142.19
Prof - Child EPSDT	\$1,937,726	\$2,270,242	\$1.28	\$1.49	1,322	1,180	\$11.63	\$15.16
Prof - Evaluation & Management	\$49,986,104	\$51,281,366	\$33.05	\$33.67	5,555	5,315	\$71.40	\$76.02
Prof - Maternity	\$6,367,107	\$7,270,724	\$4.21	\$4.77	73	83	\$689.38	\$689.17
Prof - Other	\$14,445,829	\$19,286,784	\$9.55	\$12.66	2,803	2,522	\$40.89	\$60.26
Prof - Psych	\$1,743,273	\$1,803,020	\$1.15	\$1.18	222	217	\$62.18	\$65.60
Prof - Specialist	\$5,493,270	\$5,566,055	\$3.63	\$3.65	400	448	\$109.02	\$97.92
Prof - Vision	\$2,883,315	\$3,137,931	\$1.91	\$2.06	298	219	\$76.80	\$113.07
Radiology	\$4,099,982	\$4,340,117	\$2.71	\$2.85	781	806	\$41.63	\$42.43
Transportation/Ambulance	\$5,336,894	\$5,471,738	\$3.53	\$3.59	332	225	\$127.36	\$191.97
Total	\$231,895,319	\$246,294,104	\$153.33	\$161.70				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	35,498	34,085						
Service Type								
DME/Supplies	\$124,101	\$139,347	\$3.50	\$4.09	572	512	\$73.39	\$95.83
FQHC / RHC	\$377,924	\$403,329	\$10.65	\$11.83	3,479	3,555	\$36.73	\$39.95
Home Health	\$22,851	\$1,850	\$0.64	\$0.05	10	4	\$761.70	\$168.16
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$7,193,426	\$6,461,938	\$202.64	\$189.58	652	699	\$3,731.92	\$3,256.04
IP - Other	\$1,082,240	\$1,155,842	\$30.49	\$33.91	97	64	\$3,784.06	\$6,350.78
IP - Psych	\$52,881	\$45,314	\$1.49	\$1.33	2	0	\$7,554.44	-
Lab	\$67,781	\$54,644	\$1.91	\$1.60	1,609	1,349	\$14.24	\$14.26
OP - Emergency Room & Related	\$369,299	\$323,800	\$10.40	\$9.50	1,078	894	\$115.84	\$127.53
OP - Other	\$388,700	\$571,136	\$10.95	\$16.76	613	784	\$214.50	\$256.33
Pharmacy	\$578,962	\$817,666	\$16.31	\$23.99	5,066	4,528	\$38.64	\$63.58
Prof - Anesthesia	\$37,861	\$38,511	\$1.07	\$1.13	65	72	\$196.17	\$188.77
Prof - Child EPSDT	\$180,794	\$171,204	\$5.09	\$5.02	5,188	4,428	\$11.78	\$13.61
Prof - Evaluation & Management	\$3,123,926	\$3,007,571	\$88.00	\$88.24	12,493	12,320	\$84.53	\$85.94
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$591,235	\$660,353	\$16.66	\$19.37	5,686	6,230	\$35.15	\$37.32
Prof - Psych	\$46,146	\$41,885	\$1.30	\$1.23	0	1	-	\$20,942.32
Prof - Specialist	\$230,107	\$217,545	\$6.48	\$6.38	583	548	\$133.40	\$139.71
Prof - Vision	\$54,725	\$57,204	\$1.54	\$1.68	79	56	\$232.87	\$357.44
Radiology	\$64,179	\$64,590	\$1.81	\$1.89	1,529	1,355	\$14.19	\$16.78
Transportation/Ambulance	\$183,759	\$182,524	\$5.18	\$5.35	501	569	\$123.99	\$112.88
Total	\$14,770,897	\$14,416,252	\$416.11	\$422.95				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	139,974	133,880						
Service Type								
DME/Supplies	\$216,213	\$179,679	\$1.54	\$1.34	239	237	\$77.66	\$67.85
FQHC / RHC	\$609,692	\$530,497	\$4.36	\$3.96	1,505	1,354	\$34.73	\$35.11
Home Health	\$2,197	\$1,429	\$0.02	\$0.01	1	1	\$219.68	\$204.17
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,677,637	\$2,315,639	\$11.99	\$17.30	32	26	\$4,558.80	\$8,012.59
IP - Psych	\$204,586	\$204,173	\$1.46	\$1.53	1	2	\$17,048.86	\$8,877.08
Lab	\$256,654	\$238,777	\$1.83	\$1.78	1,688	1,630	\$13.03	\$13.13
OP - Emergency Room & Related	\$992,037	\$891,432	\$7.09	\$6.66	715	588	\$118.99	\$135.81
OP - Other	\$1,772,973	\$1,763,496	\$12.67	\$13.17	357	392	\$425.38	\$403.73
Pharmacy	\$2,372,919	\$2,134,089	\$16.95	\$15.94	4,959	4,620	\$41.02	\$41.40
Prof - Anesthesia	\$124,198	\$109,353	\$0.89	\$0.82	90	83	\$117.95	\$118.09
Prof - Child EPSDT	\$171,401	\$139,729	\$1.22	\$1.04	1,300	1,039	\$11.31	\$12.06
Prof - Evaluation & Management	\$3,400,699	\$3,279,259	\$24.30	\$24.49	4,345	4,214	\$67.09	\$69.74
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,213,872	\$867,102	\$8.67	\$6.48	1,801	2,122	\$57.78	\$36.63
Prof - Psych	\$240,019	\$221,246	\$1.71	\$1.65	118	94	\$174.05	\$210.91
Prof - Specialist	\$378,121	\$337,740	\$2.70	\$2.52	316	300	\$102.72	\$100.91
Prof - Vision	\$224,119	\$238,666	\$1.60	\$1.78	109	86	\$175.50	\$250.17
Radiology	\$86,992	\$82,557	\$0.62	\$0.62	433	398	\$17.24	\$18.59
Transportation/Ambulance	\$554,911	\$530,098	\$3.96	\$3.96	431	425	\$110.30	\$111.69
Total	\$14,499,241	\$14,064,962	\$103.59	\$105.06				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	190,320	196,268						
Service Type								
DME/Supplies	\$210,655	\$236,232	\$1.11	\$1.20	146	161	\$91.00	\$89.96
FQHC / RHC	\$420,849	\$404,568	\$2.21	\$2.06	712	667	\$37.27	\$37.09
Home Health	\$105	\$3,979	\$0.00	\$0.02	0	1	\$105.00	\$331.56
IP - Maternity	\$6,898	\$7,979	\$0.04	\$0.04	0	0	\$2,299.27	\$2,659.63
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$912,829	\$1,092,688	\$4.80	\$5.57	10	10	\$5,634.75	\$6,786.88
IP - Psych	\$514,946	\$586,785	\$2.71	\$2.99	39	45	\$835.95	\$788.69
Lab	\$305,448	\$286,183	\$1.60	\$1.46	1,366	1,280	\$14.10	\$13.67
OP - Emergency Room & Related	\$1,027,425	\$957,818	\$5.40	\$4.88	399	322	\$162.16	\$181.65
OP - Other	\$1,417,712	\$1,530,611	\$7.45	\$7.80	273	309	\$327.49	\$303.03
Pharmacy	\$5,702,897	\$6,027,585	\$29.96	\$30.71	5,752	5,613	\$62.51	\$65.66
Prof - Anesthesia	\$70,378	\$60,381	\$0.37	\$0.31	36	32	\$122.18	\$115.01
Prof - Child EPSDT	\$47,418	\$34,635	\$0.25	\$0.18	259	178	\$11.52	\$11.87
Prof - Evaluation & Management	\$3,144,183	\$3,382,756	\$16.52	\$17.24	2,959	2,950	\$66.99	\$70.11
Prof - Maternity	\$5,200	\$7,572	\$0.03	\$0.04	0	3	\$1,299.97	\$184.69
Prof - Other	\$745,558	\$820,402	\$3.92	\$4.18	1,370	1,482	\$34.31	\$33.85
Prof - Psych	\$744,049	\$713,930	\$3.91	\$3.64	739	624	\$63.49	\$69.96
Prof - Specialist	\$398,732	\$422,137	\$2.10	\$2.15	242	233	\$103.84	\$110.62
Prof - Vision	\$350,820	\$418,484	\$1.84	\$2.13	325	211	\$68.05	\$121.37
Radiology	\$178,523	\$196,754	\$0.94	\$1.00	486	472	\$23.16	\$25.50
Transportation/Ambulance	\$750,044	\$772,722	\$3.94	\$3.94	943	892	\$50.15	\$52.94
Total	\$16,954,670	\$17,964,202	\$89.09	\$91.53				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	34,409	34,169						
Service Type								
DME/Supplies	\$40,896	\$41,445	\$1.19	\$1.21	129	148	\$110.23	\$98.44
FQHC / RHC	\$169,264	\$160,190	\$4.92	\$4.69	1,119	1,077	\$52.75	\$52.21
Home Health	\$3,797	\$1,845	\$0.11	\$0.05	4	2	\$345.20	\$368.97
IP - Maternity	\$842,596	\$912,124	\$24.49	\$26.69	120	126	\$2,456.55	\$2,540.74
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$601,791	\$345,854	\$17.49	\$10.12	23	16	\$9,258.32	\$7,518.57
IP - Psych	\$198,715	\$167,132	\$5.78	\$4.89	107	110	\$645.18	\$532.27
Lab	\$263,760	\$254,315	\$7.67	\$7.44	5,461	4,890	\$16.84	\$18.26
OP - Emergency Room & Related	\$602,029	\$449,250	\$17.50	\$13.15	885	693	\$237.11	\$227.58
OP - Other	\$546,615	\$698,770	\$15.89	\$20.45	775	912	\$246.00	\$269.17
Pharmacy	\$1,088,274	\$1,290,625	\$31.63	\$37.77	10,094	9,796	\$37.60	\$46.27
Prof - Anesthesia	\$69,533	\$70,961	\$2.02	\$2.08	147	146	\$165.16	\$170.58
Prof - Child EPSDT	\$23,462	\$16,803	\$0.68	\$0.49	431	365	\$18.97	\$16.17
Prof - Evaluation & Management	\$952,179	\$987,494	\$27.67	\$28.90	4,757	4,793	\$69.81	\$72.35
Prof - Maternity	\$518,800	\$589,059	\$15.08	\$17.24	452	520	\$400.62	\$397.74
Prof - Other	\$268,144	\$301,593	\$7.79	\$8.83	1,905	2,328	\$49.08	\$45.49
Prof - Psych	\$136,394	\$119,500	\$3.96	\$3.50	742	664	\$64.12	\$63.19
Prof - Specialist	\$140,375	\$130,699	\$4.08	\$3.83	615	614	\$79.58	\$74.77
Prof - Vision	\$72,326	\$80,598	\$2.10	\$2.36	442	282	\$57.04	\$100.25
Radiology	\$216,772	\$200,815	\$6.30	\$5.88	1,404	1,271	\$53.83	\$55.50
Transportation/Ambulance	\$186,527	\$171,529	\$5.42	\$5.02	858	930	\$75.85	\$64.80
Total	\$6,942,248	\$6,990,604	\$201.76	\$204.59				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	67,323	66,734						
Service Type								
DME/Supplies	\$244,067	\$302,947	\$3.63	\$4.54	419	491	\$103.81	\$110.89
FQHC / RHC	\$437,211	\$351,828	\$6.49	\$5.27	1,403	1,008	\$55.56	\$62.79
Home Health	\$26,541	\$24,196	\$0.39	\$0.36	15	12	\$308.61	\$350.67
IP - Maternity	\$4,036,728	\$4,358,007	\$59.96	\$65.30	273	286	\$2,633.22	\$2,740.88
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,986,594	\$2,820,544	\$44.36	\$42.27	66	55	\$8,006.95	\$9,217.47
IP - Psych	\$368,248	\$377,277	\$5.47	\$5.65	108	124	\$608.67	\$546.78
Lab	\$973,748	\$897,201	\$14.46	\$13.44	8,962	7,892	\$19.37	\$20.44
OP - Emergency Room & Related	\$2,347,598	\$2,091,464	\$34.87	\$31.34	1,559	1,391	\$268.33	\$270.28
OP - Other	\$2,565,849	\$3,185,550	\$38.11	\$47.74	1,544	1,870	\$296.15	\$306.39
Pharmacy	\$5,239,519	\$5,644,277	\$77.83	\$84.58	23,147	23,352	\$40.35	\$43.46
Prof - Anesthesia	\$310,242	\$316,810	\$4.61	\$4.75	337	341	\$164.32	\$167.18
Prof - Child EPSDT	\$41,667	\$38,969	\$0.62	\$0.58	507	492	\$14.65	\$14.25
Prof - Evaluation & Management	\$2,757,135	\$3,026,908	\$40.95	\$45.36	7,529	7,827	\$65.27	\$69.54
Prof - Maternity	\$2,377,511	\$2,384,832	\$35.31	\$35.74	1,102	1,101	\$384.46	\$389.49
Prof - Other	\$924,776	\$1,045,433	\$13.74	\$15.67	2,818	3,164	\$58.50	\$59.42
Prof - Psych	\$239,809	\$214,072	\$3.56	\$3.21	773	606	\$55.29	\$63.50
Prof - Specialist	\$862,179	\$825,367	\$12.81	\$12.37	1,466	1,475	\$104.84	\$100.64
Prof - Vision	\$109,333	\$129,873	\$1.62	\$1.95	209	209	\$93.37	\$111.86
Radiology	\$995,778	\$957,154	\$14.79	\$14.34	2,880	2,954	\$61.63	\$58.26
Transportation/Ambulance	\$539,428	\$577,667	\$8.01	\$8.66	1,716	1,766	\$56.02	\$58.83
Total	\$28,383,959	\$29,570,378	\$421.61	\$443.11				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	27,617	28,243						
Service Type								
DME/Supplies	\$40,210	\$50,872	\$1.46	\$1.80	144	172	\$121.48	\$125.92
FQHC / RHC	\$73,667	\$67,450	\$2.67	\$2.39	708	645	\$45.22	\$44.40
Home Health	\$0	\$315	\$0.00	\$0.01	0	1	-	\$105.00
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$217,403	\$655,157	\$7.87	\$23.20	13	18	\$7,246.76	\$15,236.21
IP - Psych	\$125,573	\$107,976	\$4.55	\$3.82	106	78	\$516.76	\$586.83
Lab	\$52,289	\$50,517	\$1.89	\$1.79	1,487	1,329	\$15.28	\$16.15
OP - Emergency Room & Related	\$242,350	\$235,567	\$8.78	\$8.34	454	407	\$232.14	\$245.64
OP - Other	\$267,184	\$421,833	\$9.67	\$14.94	335	390	\$346.09	\$459.51
Pharmacy	\$792,294	\$872,623	\$28.69	\$30.90	5,617	5,456	\$61.29	\$67.96
Prof - Anesthesia	\$12,229	\$14,428	\$0.44	\$0.51	33	46	\$158.82	\$132.37
Prof - Child EPSDT	\$5,026	\$4,708	\$0.18	\$0.17	203	189	\$10.76	\$10.58
Prof - Evaluation & Management	\$427,130	\$475,132	\$15.47	\$16.82	2,659	2,786	\$69.79	\$72.46
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$135,182	\$157,031	\$4.89	\$5.56	1,421	1,416	\$41.34	\$47.13
Prof - Psych	\$101,790	\$88,899	\$3.69	\$3.15	664	467	\$66.62	\$80.82
Prof - Specialist	\$103,313	\$113,332	\$3.74	\$4.01	336	342	\$133.65	\$140.78
Prof - Vision	\$48,857	\$57,180	\$1.77	\$2.02	300	189	\$70.81	\$128.78
Radiology	\$55,405	\$58,031	\$2.01	\$2.05	814	814	\$29.57	\$30.30
Transportation/Ambulance	\$110,131	\$123,146	\$3.99	\$4.36	730	894	\$65.52	\$58.50
Total	\$2,810,032	\$3,554,198	\$101.75	\$125.84				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	7,909	7,950						
Service Type								
DME/Supplies	\$36,430	\$57,081	\$4.61	\$7.18	645	691	\$85.72	\$124.63
FQHC / RHC	\$25,766	\$20,320	\$3.26	\$2.56	825	599	\$47.36	\$51.18
Home Health	\$638	\$4,651	\$0.08	\$0.59	3	24	\$319.12	\$290.70
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$622,679	\$504,594	\$78.73	\$63.47	93	75	\$10,207.85	\$10,091.89
IP - Psych	\$34,617	\$52,334	\$4.38	\$6.58	80	238	\$653.16	\$331.23
Lab	\$34,107	\$33,162	\$4.31	\$4.17	3,355	2,931	\$15.43	\$17.08
OP - Emergency Room & Related	\$215,304	\$230,923	\$27.22	\$29.05	1,221	1,218	\$267.46	\$286.15
OP - Other	\$252,685	\$384,126	\$31.95	\$48.32	804	1,109	\$476.76	\$522.62
Pharmacy	\$567,005	\$717,709	\$71.69	\$90.28	18,943	20,134	\$45.41	\$53.81
Prof - Anesthesia	\$10,191	\$8,280	\$1.29	\$1.04	103	97	\$149.86	\$129.37
Prof - Child EPSDT	\$2,067	\$2,614	\$0.26	\$0.33	401	364	\$7.83	\$10.85
Prof - Evaluation & Management	\$235,670	\$256,444	\$29.80	\$32.26	5,489	5,682	\$65.14	\$68.13
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$77,507	\$132,510	\$9.80	\$16.67	2,057	2,924	\$57.16	\$68.41
Prof - Psych	\$23,038	\$17,818	\$2.91	\$2.24	548	258	\$63.82	\$104.20
Prof - Specialist	\$95,017	\$89,231	\$12.01	\$11.22	1,209	1,180	\$119.22	\$114.11
Prof - Vision	\$11,746	\$14,370	\$1.49	\$1.81	156	154	\$114.03	\$140.88
Radiology	\$57,023	\$54,021	\$7.21	\$6.80	2,085	2,204	\$41.50	\$37.00
Transportation/Ambulance	\$57,199	\$56,657	\$7.23	\$7.13	1,071	1,150	\$81.02	\$74.35
Total	\$2,358,689	\$2,636,846	\$298.23	\$331.68				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	6,913	7,148						
Service Type								
DME/Supplies	\$96,041	\$120,721	\$13.89	\$16.89	1,462	1,754	\$114.06	\$115.52
FQHC / RHC	\$68,206	\$21,335	\$9.87	\$2.98	1,758	957	\$67.33	\$37.43
Home Health	\$5,784	\$16,768	\$0.84	\$2.35	40	59	\$251.49	\$479.09
IP - Maternity	\$6,236	\$2,148	\$0.90	\$0.30	3	2	\$3,118.19	\$2,147.69
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$733,911	\$801,181	\$106.16	\$112.08	118	143	\$10,792.80	\$9,425.66
IP - Psych	\$31,072	\$31,365	\$4.49	\$4.39	90	72	\$597.54	\$729.41
Lab	\$77,270	\$89,756	\$11.18	\$12.56	8,134	7,578	\$16.49	\$19.88
OP - Emergency Room & Related	\$196,945	\$210,757	\$28.49	\$29.48	852	855	\$401.11	\$414.06
OP - Other	\$489,994	\$598,105	\$70.88	\$83.67	2,033	2,530	\$418.44	\$396.88
Pharmacy	\$1,204,588	\$1,180,182	\$174.25	\$165.11	42,956	44,819	\$48.68	\$44.21
Prof - Anesthesia	\$16,566	\$18,894	\$2.40	\$2.64	200	205	\$144.05	\$154.87
Prof - Child EPSDT	\$2,779	\$4,235	\$0.40	\$0.59	578	695	\$8.35	\$10.23
Prof - Evaluation & Management	\$327,270	\$368,119	\$47.34	\$51.50	8,539	8,839	\$66.53	\$69.92
Prof - Maternity	\$6,041	\$1,891	\$0.87	\$0.26	64	2	\$163.28	\$1,890.88
Prof - Other	\$220,788	\$393,561	\$31.94	\$55.06	5,652	6,193	\$67.81	\$106.69
Prof - Psych	\$20,259	\$22,626	\$2.93	\$3.17	854	861	\$41.18	\$44.11
Prof - Specialist	\$148,351	\$179,967	\$21.46	\$25.18	2,345	2,612	\$109.81	\$115.66
Prof - Vision	\$19,389	\$21,534	\$2.80	\$3.01	410	391	\$82.16	\$92.42
Radiology	\$100,346	\$100,743	\$14.52	\$14.09	3,746	3,784	\$46.50	\$44.70
Transportation/Ambulance	\$67,366	\$63,939	\$9.74	\$8.95	2,581	3,304	\$45.30	\$32.49
Total	\$3,839,202	\$4,247,828	\$555.36	\$594.27				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	509,963	508,477						
Service Type								
DME/Supplies	\$1,008,613	\$1,128,325	\$1.98	\$2.22	261	278	\$90.78	\$95.72
FQHC / RHC	\$2,182,579	\$1,959,519	\$4.28	\$3.85	1,257	1,116	\$40.87	\$41.45
Home Health	\$61,913	\$55,033	\$0.12	\$0.11	4	4	\$379.83	\$348.31
IP - Maternity	\$4,892,458	\$5,280,258	\$9.59	\$10.38	44	46	\$2,600.99	\$2,703.67
IP - Newborn	\$7,193,426	\$6,461,938	\$14.11	\$12.71	45	47	\$3,731.92	\$3,256.04
IP - Other	\$8,835,083	\$9,691,501	\$17.32	\$19.06	33	27	\$6,252.71	\$8,340.36
IP - Psych	\$1,530,638	\$1,572,357	\$3.00	\$3.09	45	51	\$807.30	\$729.29
Lab	\$2,031,057	\$1,904,555	\$3.98	\$3.75	2,880	2,604	\$16.60	\$17.26
OP - Emergency Room & Related	\$5,992,987	\$5,391,011	\$11.75	\$10.60	741	622	\$190.32	\$204.49
OP - Other	\$7,701,713	\$9,153,628	\$15.10	\$18.00	557	656	\$325.41	\$329.27
Pharmacy	\$17,546,459	\$18,684,756	\$34.41	\$36.75	8,777	8,657	\$47.04	\$50.93
Prof - Anesthesia	\$651,198	\$637,619	\$1.28	\$1.25	103	101	\$148.30	\$149.64
Prof - Child EPSDT	\$474,614	\$412,899	\$0.93	\$0.81	936	754	\$11.93	\$12.92
Prof - Evaluation & Management	\$14,368,192	\$14,783,682	\$28.17	\$29.07	4,826	4,791	\$70.05	\$72.82
Prof - Maternity	\$2,907,552	\$2,983,355	\$5.70	\$5.87	177	180	\$386.64	\$390.19
Prof - Other	\$4,177,062	\$4,377,985	\$8.19	\$8.61	2,088	2,331	\$47.08	\$44.32
Prof - Psych	\$1,551,505	\$1,439,976	\$3.04	\$2.83	516	432	\$70.71	\$78.68
Prof - Specialist	\$2,356,194	\$2,316,017	\$4.62	\$4.55	521	515	\$106.35	\$106.18
Prof - Vision	\$891,315	\$1,017,909	\$1.75	\$2.00	238	172	\$87.94	\$139.32
Radiology	\$1,755,018	\$1,714,664	\$3.44	\$3.37	1,009	984	\$40.94	\$41.14
Transportation/Ambulance	\$2,449,366	\$2,478,284	\$4.80	\$4.87	881	903	\$65.44	\$64.77
Total	\$90,558,940	\$93,445,269	\$177.58	\$183.77				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	86,773	83,771						
Service Type								
DME/Supplies	\$533,893	\$487,790	\$6.15	\$5.82	1,254	1,214	\$58.89	\$57.58
FQHC / RHC	\$97,101	\$52,038	\$1.12	\$0.62	282	170	\$47.67	\$43.84
Home Health	\$118,805	\$267,065	\$1.37	\$3.19	20	26	\$802.74	\$1,475.50
IP - Maternity	\$0	\$2,838	\$0.00	\$0.03	0	0	-	\$2,838.07
IP - Newborn	\$18,473,978	\$18,842,730	\$212.90	\$224.93	624	655	\$4,091.32	\$4,117.81
IP - Other	\$2,269,021	\$2,860,417	\$26.15	\$34.15	83	72	\$3,800.71	\$5,698.04
IP - Psych	\$129,951	\$127,198	\$1.50	\$1.52	0	0	-	\$42,399.25
Lab	\$157,823	\$147,720	\$1.82	\$1.76	1,866	1,558	\$11.69	\$13.58
OP - Emergency Room & Related	\$1,765,002	\$1,438,726	\$20.34	\$17.17	1,325	1,183	\$184.22	\$174.28
OP - Other	\$1,359,109	\$1,896,863	\$15.66	\$22.64	1,188	1,350	\$158.16	\$201.23
Pharmacy	\$1,539,328	\$1,630,219	\$17.74	\$19.46	4,779	4,481	\$44.55	\$52.12
Prof - Anesthesia	\$76,332	\$89,374	\$0.88	\$1.07	59	78	\$179.18	\$164.83
Prof - Child EPSDT	\$503,752	\$592,939	\$5.81	\$7.08	6,098	6,295	\$11.42	\$13.49
Prof - Evaluation & Management	\$8,286,705	\$8,489,972	\$95.50	\$101.35	14,185	14,334	\$80.79	\$84.84
Prof - Maternity	\$0	\$998	\$0.00	\$0.01	0	0	-	\$499.00
Prof - Other	\$1,406,594	\$1,353,072	\$16.21	\$16.15	6,706	5,573	\$29.01	\$34.78
Prof - Psych	\$120,406	\$116,883	\$1.39	\$1.40	2	1	\$8,600.40	\$12,987.00
Prof - Specialist	\$557,267	\$676,685	\$6.42	\$8.08	734	796	\$105.03	\$121.81
Prof - Vision	\$114,824	\$125,999	\$1.32	\$1.50	53	61	\$297.47	\$296.68
Radiology	\$134,977	\$139,018	\$1.56	\$1.66	1,239	1,348	\$15.06	\$14.77
Transportation/Ambulance	\$414,653	\$370,829	\$4.78	\$4.43	639	472	\$89.67	\$112.54
Total	\$38,059,520	\$39,709,373	\$438.61	\$474.02				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	365,514	350,855						
Service Type								
DME/Supplies	\$730,918	\$786,275	\$2.00	\$2.24	427	427	\$56.20	\$62.94
FQHC / RHC	\$151,551	\$112,398	\$0.41	\$0.32	127	96	\$39.28	\$40.03
Home Health	\$138,071	\$245,279	\$0.38	\$0.70	6	9	\$722.88	\$901.76
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,686,122	\$3,888,093	\$12.82	\$11.08	29	25	\$5,343.35	\$5,370.29
IP - Psych	\$564,407	\$564,519	\$1.54	\$1.61	1	2	\$13,125.75	\$10,263.98
Lab	\$698,867	\$620,878	\$1.91	\$1.77	2,164	1,648	\$10.60	\$12.89
OP - Emergency Room & Related	\$4,916,106	\$3,934,484	\$13.45	\$11.21	910	761	\$177.40	\$176.72
OP - Other	\$6,611,616	\$7,091,857	\$18.09	\$20.21	635	672	\$341.56	\$360.91
Pharmacy	\$6,326,461	\$5,757,001	\$17.31	\$16.41	4,931	4,471	\$42.12	\$44.04
Prof - Anesthesia	\$313,009	\$278,738	\$0.86	\$0.79	68	78	\$150.63	\$121.77
Prof - Child EPSDT	\$498,328	\$535,097	\$1.36	\$1.53	1,465	1,371	\$11.17	\$13.35
Prof - Evaluation & Management	\$10,421,205	\$9,663,226	\$28.51	\$27.54	4,985	4,691	\$68.63	\$70.46
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,019,491	\$2,434,868	\$5.53	\$6.94	1,918	1,804	\$34.56	\$46.16
Prof - Psych	\$655,746	\$615,464	\$1.79	\$1.75	134	116	\$161.04	\$181.13
Prof - Specialist	\$1,106,235	\$999,583	\$3.03	\$2.85	342	335	\$106.24	\$101.94
Prof - Vision	\$480,210	\$540,286	\$1.31	\$1.54	97	93	\$162.34	\$198.93
Radiology	\$208,379	\$195,376	\$0.57	\$0.56	432	414	\$15.85	\$16.16
Transportation/Ambulance	\$1,367,119	\$1,262,544	\$3.74	\$3.60	451	348	\$99.49	\$124.02
Total	\$41,893,841	\$39,525,967	\$114.62	\$112.66				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	497,607	510,271						
Service Type								
DME/Supplies	\$659,137	\$685,321	\$1.32	\$1.34	238	204	\$66.67	\$79.15
FQHC / RHC	\$188,278	\$140,734	\$0.38	\$0.28	101	73	\$44.94	\$45.11
Home Health	\$13,116	\$25,298	\$0.03	\$0.05	1	1	\$273.26	\$436.17
IP - Maternity	\$30,488	\$21,943	\$0.06	\$0.04	0	0	\$2,540.67	\$2,742.83
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,861,630	\$4,959,969	\$7.76	\$9.72	13	13	\$7,033.93	\$8,686.46
IP - Psych	\$1,620,927	\$1,662,198	\$3.26	\$3.26	48	48	\$810.06	\$818.01
Lab	\$745,069	\$692,558	\$1.50	\$1.36	1,596	1,136	\$11.26	\$14.33
OP - Emergency Room & Related	\$4,635,985	\$4,185,573	\$9.32	\$8.20	505	444	\$221.46	\$221.92
OP - Other	\$4,867,243	\$5,853,808	\$9.78	\$11.47	419	459	\$280.29	\$299.83
Pharmacy	\$14,806,571	\$15,285,848	\$29.76	\$29.96	5,608	5,306	\$63.68	\$67.75
Prof - Anesthesia	\$200,814	\$180,245	\$0.40	\$0.35	31	35	\$157.38	\$121.05
Prof - Child EPSDT	\$116,902	\$102,502	\$0.23	\$0.20	238	171	\$11.83	\$14.11
Prof - Evaluation & Management	\$8,935,029	\$9,259,752	\$17.96	\$18.15	3,131	3,090	\$68.82	\$70.47
Prof - Maternity	\$18,343	\$11,523	\$0.04	\$0.02	1	0	\$333.51	\$640.14
Prof - Other	\$2,558,301	\$3,462,688	\$5.14	\$6.79	1,459	1,505	\$42.29	\$54.09
Prof - Psych	\$1,721,366	\$1,519,572	\$3.46	\$2.98	674	504	\$61.57	\$70.84
Prof - Specialist	\$1,099,238	\$1,213,707	\$2.21	\$2.38	221	232	\$119.82	\$123.11
Prof - Vision	\$710,862	\$851,099	\$1.43	\$1.67	350	224	\$48.97	\$89.32
Radiology	\$433,801	\$399,550	\$0.87	\$0.78	457	449	\$22.88	\$20.95
Transportation/Ambulance	\$1,695,954	\$1,751,099	\$3.41	\$3.43	771	679	\$53.02	\$60.65
Total	\$48,919,054	\$52,264,984	\$98.31	\$102.43				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	89,856	87,808						
Service Type								
DME/Supplies	\$88,549	\$140,520	\$0.99	\$1.60	118	149	\$100.40	\$129.04
FQHC / RHC	\$102,090	\$58,278	\$1.14	\$0.66	249	176	\$54.71	\$45.14
Home Health	\$10,019	\$9,710	\$0.11	\$0.11	5	2	\$286.26	\$606.88
IP - Maternity	\$2,330,948	\$2,243,877	\$25.94	\$25.55	118	106	\$2,636.82	\$2,895.32
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,137,383	\$1,187,791	\$23.79	\$13.53	20	20	\$14,061.73	\$8,080.21
IP - Psych	\$668,415	\$688,715	\$7.44	\$7.84	166	177	\$539.04	\$531.83
Lab	\$441,348	\$422,047	\$4.91	\$4.81	5,189	3,556	\$11.36	\$16.22
OP - Emergency Room & Related	\$2,169,727	\$2,113,192	\$24.15	\$24.07	1,063	1,000	\$272.51	\$288.88
OP - Other	\$2,085,776	\$2,159,156	\$23.21	\$24.59	933	987	\$298.48	\$298.89
Pharmacy	\$2,643,633	\$2,831,163	\$29.42	\$32.24	8,933	8,581	\$39.52	\$45.09
Prof - Anesthesia	\$187,238	\$160,290	\$2.08	\$1.83	132	135	\$188.94	\$162.40
Prof - Child EPSDT	\$41,466	\$27,711	\$0.46	\$0.32	293	222	\$18.93	\$17.07
Prof - Evaluation & Management	\$2,345,315	\$2,371,515	\$26.10	\$27.01	4,599	4,637	\$68.10	\$69.90
Prof - Maternity	\$1,396,294	\$1,199,777	\$15.54	\$13.66	294	236	\$634.10	\$694.32
Prof - Other	\$720,737	\$840,520	\$8.02	\$9.57	1,579	1,762	\$60.96	\$65.20
Prof - Psych	\$349,409	\$292,046	\$3.89	\$3.33	845	634	\$55.22	\$62.98
Prof - Specialist	\$372,965	\$367,581	\$4.15	\$4.19	432	427	\$115.18	\$117.70
Prof - Vision	\$132,970	\$146,720	\$1.48	\$1.67	432	246	\$41.14	\$81.60
Radiology	\$421,663	\$387,808	\$4.69	\$4.42	1,213	1,179	\$46.41	\$44.94
Transportation/Ambulance	\$447,736	\$402,479	\$4.98	\$4.58	872	685	\$68.57	\$80.24
Total	\$19,093,682	\$18,050,895	\$212.49	\$205.57				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	190,034	188,053						
Service Type								
DME/Supplies	\$692,016	\$737,856	\$3.64	\$3.92	343	346	\$127.42	\$136.06
FQHC / RHC	\$390,060	\$323,720	\$2.05	\$1.72	435	328	\$56.60	\$63.01
Home Health	\$121,948	\$74,503	\$0.64	\$0.40	22	15	\$344.48	\$317.04
IP - Maternity	\$11,242,094	\$12,082,932	\$59.16	\$64.25	240	248	\$2,952.23	\$3,109.35
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$8,161,393	\$9,491,103	\$42.95	\$50.47	66	65	\$7,809.95	\$9,250.59
IP - Psych	\$1,065,334	\$917,452	\$5.61	\$4.88	114	109	\$590.21	\$534.96
Lab	\$1,583,935	\$1,597,567	\$8.34	\$8.50	8,434	5,725	\$11.86	\$17.81
OP - Emergency Room & Related	\$10,303,112	\$9,810,434	\$54.22	\$52.17	2,088	1,993	\$311.59	\$314.13
OP - Other	\$10,458,769	\$11,751,915	\$55.04	\$62.49	1,755	1,938	\$376.27	\$386.89
Pharmacy	\$14,273,754	\$15,934,072	\$75.11	\$84.73	22,443	22,002	\$40.16	\$46.21
Prof - Anesthesia	\$892,697	\$855,219	\$4.70	\$4.55	307	347	\$183.57	\$157.30
Prof - Child EPSDT	\$73,360	\$55,090	\$0.39	\$0.29	262	238	\$17.67	\$14.74
Prof - Evaluation & Management	\$7,899,940	\$8,094,981	\$41.57	\$43.05	7,687	7,821	\$64.90	\$66.05
Prof - Maternity	\$6,155,121	\$6,042,422	\$32.39	\$32.13	583	555	\$666.43	\$694.77
Prof - Other	\$2,848,838	\$2,617,739	\$14.99	\$13.92	1,918	2,052	\$93.80	\$81.39
Prof - Psych	\$869,163	\$609,805	\$4.57	\$3.24	1,115	648	\$49.21	\$60.05
Prof - Specialist	\$2,440,334	\$2,323,607	\$12.84	\$12.36	977	942	\$157.78	\$157.38
Prof - Vision	\$211,998	\$243,530	\$1.12	\$1.30	142	139	\$94.52	\$112.17
Radiology	\$2,425,995	\$2,398,656	\$12.77	\$12.76	3,089	3,177	\$49.59	\$48.17
Transportation/Ambulance	\$1,312,845	\$1,214,988	\$6.91	\$6.46	2,179	1,739	\$38.04	\$44.59
Total	\$83,422,706	\$87,177,593	\$438.99	\$463.58				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	75,142	75,195						
Service Type								
DME/Supplies	\$146,320	\$131,734	\$1.95	\$1.75	175	169	\$133.87	\$124.40
FQHC / RHC	\$31,100	\$31,347	\$0.41	\$0.42	105	109	\$47.19	\$45.96
Home Health	\$1,623	\$2,236	\$0.02	\$0.03	2	3	\$162.31	\$131.52
IP - Maternity	\$4,412	\$0	\$0.06	\$0.00	0	0	\$2,205.77	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,146,871	\$1,812,900	\$15.26	\$24.11	15	15	\$12,331.95	\$18,689.69
IP - Psych	\$370,710	\$353,044	\$4.93	\$4.70	95	93	\$622.00	\$606.61
Lab	\$93,653	\$95,366	\$1.25	\$1.27	1,342	979	\$11.15	\$15.54
OP - Emergency Room & Related	\$1,151,819	\$1,017,426	\$15.33	\$13.53	590	521	\$311.72	\$311.62
OP - Other	\$1,189,300	\$1,252,324	\$15.83	\$16.65	437	470	\$434.53	\$424.95
Pharmacy	\$2,241,203	\$2,305,093	\$29.83	\$30.65	4,992	4,896	\$71.69	\$75.13
Prof - Anesthesia	\$41,410	\$39,564	\$0.55	\$0.53	37	46	\$176.97	\$136.90
Prof - Child EPSDT	\$13,948	\$11,734	\$0.19	\$0.16	189	140	\$11.78	\$13.33
Prof - Evaluation & Management	\$1,161,532	\$1,211,395	\$15.46	\$16.11	2,688	2,696	\$69.00	\$71.72
Prof - Maternity	\$4,033	\$0	\$0.05	\$0.00	0	0	\$2,016.59	-
Prof - Other	\$598,081	\$1,521,000	\$7.96	\$20.23	1,298	1,491	\$73.58	\$162.83
Prof - Psych	\$262,609	\$227,352	\$3.49	\$3.02	748	569	\$56.04	\$63.81
Prof - Specialist	\$285,835	\$282,035	\$3.80	\$3.75	302	286	\$151.00	\$157.39
Prof - Vision	\$104,625	\$118,579	\$1.39	\$1.58	304	171	\$54.95	\$110.61
Radiology	\$112,213	\$117,355	\$1.49	\$1.56	752	734	\$23.83	\$25.52
Transportation/Ambulance	\$288,854	\$277,681	\$3.84	\$3.69	551	420	\$83.70	\$105.58
Total	\$9,250,151	\$10,808,165	\$123.10	\$143.74				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	19,714	19,815						
Service Type								
DME/Supplies	\$134,720	\$102,449	\$6.83	\$5.17	494	496	\$166.12	\$125.09
FQHC / RHC	\$22,491	\$12,350	\$1.14	\$0.62	275	163	\$49.76	\$45.91
Home Health	\$22,724	\$6,487	\$1.15	\$0.33	26	17	\$528.47	\$231.66
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,228,051	\$1,408,305	\$62.29	\$71.07	89	73	\$8,354.09	\$11,638.88
IP - Psych	\$112,720	\$124,956	\$5.72	\$6.31	121	133	\$569.29	\$570.58
Lab	\$45,700	\$53,479	\$2.32	\$2.70	2,608	2,072	\$10.67	\$15.63
OP - Emergency Room & Related	\$724,862	\$740,168	\$36.77	\$37.35	1,477	1,404	\$298.67	\$319.18
OP - Other	\$661,527	\$738,112	\$33.56	\$37.25	791	836	\$509.26	\$534.48
Pharmacy	\$1,291,017	\$1,581,166	\$65.49	\$79.80	16,128	15,965	\$48.72	\$59.98
Prof - Anesthesia	\$28,334	\$26,077	\$1.44	\$1.32	100	112	\$171.72	\$140.96
Prof - Child EPSDT	\$2,407	\$1,824	\$0.12	\$0.09	146	145	\$10.03	\$7.60
Prof - Evaluation & Management	\$564,315	\$591,296	\$28.63	\$29.84	5,228	5,278	\$65.70	\$67.85
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$209,322	\$197,434	\$10.62	\$9.96	1,619	1,535	\$78.69	\$77.88
Prof - Psych	\$65,765	\$52,703	\$3.34	\$2.66	657	373	\$60.95	\$85.56
Prof - Specialist	\$187,598	\$198,405	\$9.52	\$10.01	719	706	\$158.71	\$170.16
Prof - Vision	\$23,845	\$23,239	\$1.21	\$1.17	128	109	\$113.01	\$129.11
Radiology	\$91,599	\$103,127	\$4.65	\$5.20	1,857	1,909	\$30.03	\$32.72
Transportation/Ambulance	\$97,366	\$104,229	\$4.94	\$5.26	1,205	850	\$49.17	\$74.24
Total	\$5,514,363	\$6,065,806	\$279.72	\$306.12				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	21,320	22,229						
Service Type								
DME/Supplies	\$230,380	\$208,935	\$10.81	\$9.40	1,274	1,272	\$101.80	\$88.64
FQHC / RHC	\$39,127	\$54,776	\$1.84	\$2.46	496	509	\$44.41	\$58.15
Home Health	\$23,794	\$43,475	\$1.12	\$1.96	55	93	\$242.80	\$251.30
IP - Maternity	\$14,427	\$23,185	\$0.68	\$1.04	2	3	\$3,606.67	\$3,864.24
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,505,534	\$3,788,467	\$117.52	\$170.43	150	175	\$9,419.30	\$11,656.82
IP - Psych	\$103,877	\$260,229	\$4.87	\$11.71	126	246	\$465.81	\$571.93
Lab	\$141,860	\$134,191	\$6.65	\$6.04	7,408	4,993	\$10.78	\$14.51
OP - Emergency Room & Related	\$1,031,631	\$1,051,265	\$48.39	\$47.29	1,407	1,368	\$412.82	\$414.70
OP - Other	\$1,960,517	\$2,345,544	\$91.96	\$105.52	2,395	2,571	\$460.65	\$492.55
Pharmacy	\$3,724,560	\$4,031,479	\$174.70	\$181.36	41,431	41,317	\$50.60	\$52.67
Prof - Anesthesia	\$58,884	\$68,295	\$2.76	\$3.07	181	253	\$182.87	\$145.93
Prof - Child EPSDT	\$6,270	\$6,788	\$0.29	\$0.31	386	511	\$9.15	\$7.17
Prof - Evaluation & Management	\$1,119,362	\$1,238,584	\$52.50	\$55.72	9,408	9,813	\$66.97	\$68.14
Prof - Maternity	\$4,520	\$7,941	\$0.21	\$0.36	6	6	\$451.97	\$661.77
Prof - Other	\$405,051	\$441,116	\$19.00	\$19.84	3,250	3,458	\$70.15	\$68.87
Prof - Psych	\$113,462	\$100,015	\$5.32	\$4.50	1,414	1,027	\$45.15	\$52.58
Prof - Specialist	\$471,584	\$515,554	\$22.12	\$23.19	1,644	1,719	\$161.45	\$161.87
Prof - Vision	\$47,091	\$51,892	\$2.21	\$2.33	368	338	\$72.00	\$82.76
Radiology	\$236,591	\$270,976	\$11.10	\$12.19	3,735	3,919	\$35.66	\$37.33
Transportation/Ambulance	\$167,715	\$188,781	\$7.87	\$8.49	4,325	3,959	\$21.83	\$25.74
Total	\$12,406,235	\$14,831,488	\$581.91	\$667.21				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	1,345,960	1,337,997						
Service Type								
DME/Supplies	\$3,215,933	\$3,280,880	\$2.39	\$2.45	378	362	\$75.78	\$81.27
FQHC / RHC	\$1,021,799	\$785,642	\$0.76	\$0.59	186	138	\$49.04	\$50.89
Home Health	\$450,100	\$674,052	\$0.33	\$0.50	8	9	\$485.54	\$687.81
IP - Maternity	\$13,622,369	\$14,374,775	\$10.12	\$10.74	42	42	\$2,892.22	\$3,074.16
IP - Newborn	\$18,473,978	\$18,842,730	\$13.73	\$14.08	40	41	\$4,091.32	\$4,117.81
IP - Other	\$25,996,005	\$29,397,045	\$19.31	\$21.97	33	32	\$6,976.92	\$8,368.07
IP - Psych	\$4,636,341	\$4,698,312	\$3.44	\$3.51	54	57	\$759.31	\$739.19
Lab	\$3,908,255	\$3,763,806	\$2.90	\$2.81	3,066	2,170	\$11.37	\$15.56
OP - Emergency Room & Related	\$26,698,244	\$24,291,269	\$19.84	\$18.15	962	861	\$247.49	\$252.92
OP - Other	\$29,193,856	\$33,089,580	\$21.69	\$24.73	788	855	\$330.28	\$347.25
Pharmacy	\$46,846,528	\$49,356,041	\$34.81	\$36.89	8,657	8,330	\$48.25	\$53.14
Prof - Anesthesia	\$1,798,718	\$1,697,804	\$1.34	\$1.27	92	105	\$173.71	\$145.28
Prof - Child EPSDT	\$1,256,433	\$1,333,683	\$0.93	\$1.00	954	885	\$11.74	\$13.51
Prof - Evaluation & Management	\$40,733,403	\$40,920,719	\$30.26	\$30.58	5,194	5,102	\$69.92	\$71.93
Prof - Maternity	\$7,578,311	\$7,262,660	\$5.63	\$5.43	103	94	\$658.70	\$694.53
Prof - Other	\$10,766,415	\$12,868,436	\$8.00	\$9.62	2,017	1,964	\$47.60	\$58.76
Prof - Psych	\$4,157,925	\$3,533,840	\$3.09	\$2.64	573	410	\$64.65	\$77.27
Prof - Specialist	\$6,521,057	\$6,577,157	\$4.84	\$4.92	442	442	\$131.49	\$133.55
Prof - Vision	\$1,826,426	\$2,101,344	\$1.36	\$1.57	233	166	\$69.97	\$113.48
Radiology	\$4,065,218	\$4,011,867	\$3.02	\$3.00	1,012	1,023	\$35.82	\$35.19
Transportation/Ambulance	\$5,792,241	\$5,572,630	\$4.30	\$4.16	932	771	\$55.42	\$64.82
Total	\$258,559,553	\$268,434,273	\$192.10	\$200.62				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	43,978	44,007						
Service Type								
DME/Supplies	\$215,905	\$164,324	\$4.91	\$3.73	761	562	\$77.41	\$79.73
FQHC / RHC	\$118,457	\$129,346	\$2.69	\$2.94	769	746	\$42.01	\$47.26
Home Health	\$28,435	\$9,163	\$0.65	\$0.21	29	20	\$268.25	\$122.18
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$11,969,802	\$9,409,476	\$272.18	\$213.82	662	685	\$4,933.27	\$3,747.22
IP - Other	\$1,340,686	\$1,342,296	\$30.49	\$30.50	102	71	\$3,603.99	\$5,182.61
IP - Psych	\$55,106	\$54,628	\$1.25	\$1.24	1	0	\$13,776.52	-
Lab	\$81,119	\$73,669	\$1.84	\$1.67	1,826	1,469	\$12.12	\$13.67
OP - Emergency Room & Related	\$687,827	\$597,437	\$15.64	\$13.58	1,231	1,158	\$152.48	\$140.63
OP - Other	\$764,670	\$861,106	\$17.39	\$19.57	963	1,104	\$216.74	\$212.69
Pharmacy	\$870,766	\$920,112	\$19.80	\$20.91	5,266	5,005	\$45.12	\$50.13
Prof - Anesthesia	\$76,542	\$47,088	\$1.74	\$1.07	77	73	\$269.52	\$175.00
Prof - Child EPSDT	\$238,056	\$265,853	\$5.41	\$6.04	5,523	5,486	\$11.76	\$13.21
Prof - Evaluation & Management	\$4,634,814	\$4,435,309	\$105.39	\$100.79	14,810	14,362	\$85.39	\$84.21
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$788,290	\$673,622	\$17.92	\$15.31	6,712	6,359	\$32.05	\$28.89
Prof - Psych	\$49,751	\$50,389	\$1.13	\$1.15	0	0	\$49,750.76	-
Prof - Specialist	\$321,892	\$299,370	\$7.32	\$6.80	813	800	\$107.98	\$101.98
Prof - Vision	\$68,330	\$74,329	\$1.55	\$1.69	88	87	\$210.89	\$232.86
Radiology	\$84,693	\$78,975	\$1.93	\$1.79	1,550	1,438	\$14.91	\$14.97
Transportation/Ambulance	\$283,240	\$253,078	\$6.44	\$5.75	847	690	\$91.22	\$99.95
Total	\$22,678,380	\$19,739,569	\$515.68	\$448.56				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	175,504	167,835						
Service Type								
DME/Supplies	\$278,550	\$217,654	\$1.59	\$1.30	256	229	\$74.52	\$68.06
FQHC / RHC	\$215,999	\$181,781	\$1.23	\$1.08	358	303	\$41.25	\$42.84
Home Health	\$24,049	\$24,588	\$0.14	\$0.15	15	13	\$112.38	\$135.10
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,352,817	\$1,852,858	\$13.41	\$11.04	30	26	\$5,359.49	\$5,190.08
IP - Psych	\$234,804	\$235,464	\$1.34	\$1.40	0	2	\$78,268.09	\$11,212.56
Lab	\$314,876	\$273,133	\$1.79	\$1.63	1,847	1,563	\$11.66	\$12.50
OP - Emergency Room & Related	\$1,840,356	\$1,477,104	\$10.49	\$8.80	845	769	\$148.98	\$137.38
OP - Other	\$3,393,316	\$3,188,331	\$19.33	\$19.00	609	612	\$380.72	\$372.77
Pharmacy	\$2,978,197	\$2,659,017	\$16.97	\$15.84	5,140	4,684	\$39.62	\$40.59
Prof - Anesthesia	\$188,265	\$168,254	\$1.07	\$1.00	89	88	\$144.15	\$136.57
Prof - Child EPSDT	\$245,953	\$220,999	\$1.40	\$1.32	1,493	1,274	\$11.26	\$12.41
Prof - Evaluation & Management	\$5,051,921	\$4,573,154	\$28.79	\$27.25	4,967	4,696	\$69.54	\$69.62
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$849,581	\$1,199,751	\$4.84	\$7.15	1,575	1,669	\$36.87	\$51.38
Prof - Psych	\$268,664	\$265,770	\$1.53	\$1.58	122	114	\$151.02	\$166.63
Prof - Specialist	\$436,527	\$380,292	\$2.49	\$2.27	366	346	\$81.47	\$78.56
Prof - Vision	\$263,771	\$272,810	\$1.50	\$1.63	104	78	\$173.76	\$248.69
Radiology	\$98,036	\$88,186	\$0.56	\$0.53	431	389	\$15.57	\$16.20
Transportation/Ambulance	\$752,381	\$720,787	\$4.29	\$4.29	642	551	\$80.19	\$93.50
Total	\$19,788,065	\$17,999,933	\$112.75	\$107.25				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	254,909	259,717						
Service Type								
DME/Supplies	\$268,667	\$240,236	\$1.05	\$0.92	133	126	\$95.20	\$88.19
FQHC / RHC	\$258,242	\$222,291	\$1.01	\$0.86	271	232	\$44.86	\$44.24
Home Health	\$29,712	\$33,015	\$0.12	\$0.13	9	9	\$164.15	\$179.43
IP - Maternity	\$6,737	\$16,192	\$0.03	\$0.06	0	0	\$3,368.46	\$2,698.74
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,413,891	\$1,723,947	\$5.55	\$6.64	14	11	\$4,825.57	\$7,036.52
IP - Psych	\$556,090	\$565,149	\$2.18	\$2.18	25	27	\$1,049.23	\$974.40
Lab	\$386,945	\$331,291	\$1.52	\$1.28	1,433	1,051	\$12.71	\$14.56
OP - Emergency Room & Related	\$2,034,904	\$1,732,090	\$7.98	\$6.67	486	436	\$196.97	\$183.43
OP - Other	\$2,854,989	\$3,064,685	\$11.20	\$11.80	506	512	\$265.63	\$276.65
Pharmacy	\$8,255,571	\$8,391,395	\$32.39	\$32.31	5,953	5,755	\$65.28	\$67.37
Prof - Anesthesia	\$111,949	\$97,263	\$0.44	\$0.37	38	34	\$140.46	\$132.87
Prof - Child EPSDT	\$65,940	\$53,747	\$0.26	\$0.21	255	182	\$12.19	\$13.64
Prof - Evaluation & Management	\$4,626,088	\$4,630,571	\$18.15	\$17.83	3,181	3,079	\$68.47	\$69.49
Prof - Maternity	\$3,618	\$10,256	\$0.01	\$0.04	1	1	\$180.92	\$341.88
Prof - Other	\$1,059,998	\$1,590,927	\$4.16	\$6.13	1,103	1,203	\$45.22	\$61.10
Prof - Psych	\$742,582	\$725,309	\$2.91	\$2.79	587	499	\$59.54	\$67.16
Prof - Specialist	\$519,500	\$512,674	\$2.04	\$1.97	240	224	\$102.08	\$105.84
Prof - Vision	\$391,498	\$447,158	\$1.54	\$1.72	353	162	\$52.22	\$127.72
Radiology	\$199,504	\$194,237	\$0.78	\$0.75	465	434	\$20.21	\$20.70
Transportation/Ambulance	\$1,001,173	\$1,052,528	\$3.93	\$4.05	841	696	\$56.02	\$69.91
Total	\$24,787,599	\$25,634,961	\$97.24	\$98.70				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	46,700	46,533						
Service Type								
DME/Supplies	\$47,251	\$76,924	\$1.01	\$1.65	114	139	\$106.42	\$142.45
FQHC / RHC	\$117,807	\$104,061	\$2.52	\$2.24	632	534	\$47.91	\$50.22
Home Health	\$12,676	\$16,142	\$0.27	\$0.35	21	23	\$152.72	\$183.44
IP - Maternity	\$1,390,715	\$1,228,556	\$29.78	\$26.40	136	116	\$2,619.05	\$2,736.20
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$369,398	\$607,860	\$7.91	\$13.06	18	18	\$5,202.80	\$8,809.57
IP - Psych	\$204,231	\$188,209	\$4.37	\$4.04	71	81	\$739.97	\$595.60
Lab	\$221,659	\$233,005	\$4.75	\$5.01	4,665	3,781	\$12.21	\$15.89
OP - Emergency Room & Related	\$1,047,904	\$964,581	\$22.44	\$20.73	1,034	941	\$260.41	\$264.34
OP - Other	\$1,173,814	\$1,136,212	\$25.14	\$24.42	1,116	1,094	\$270.28	\$267.85
Pharmacy	\$1,541,291	\$1,594,029	\$33.00	\$34.26	10,028	9,772	\$39.49	\$42.07
Prof - Anesthesia	\$98,115	\$83,015	\$2.10	\$1.78	149	134	\$168.87	\$159.34
Prof - Child EPSDT	\$39,325	\$26,355	\$0.84	\$0.57	419	345	\$24.13	\$19.68
Prof - Evaluation & Management	\$1,300,383	\$1,288,742	\$27.85	\$27.70	4,909	4,790	\$68.07	\$69.38
Prof - Maternity	\$825,390	\$740,915	\$17.67	\$15.92	421	409	\$503.29	\$467.45
Prof - Other	\$309,120	\$403,862	\$6.62	\$8.68	1,559	1,628	\$50.96	\$63.98
Prof - Psych	\$178,727	\$154,896	\$3.83	\$3.33	748	677	\$61.42	\$59.03
Prof - Specialist	\$184,147	\$178,617	\$3.94	\$3.84	607	563	\$77.96	\$81.75
Prof - Vision	\$81,375	\$90,700	\$1.74	\$1.95	521	234	\$40.13	\$100.11
Radiology	\$236,822	\$231,500	\$5.07	\$4.97	1,243	1,217	\$48.96	\$49.07
Transportation/Ambulance	\$264,275	\$249,404	\$5.66	\$5.36	1,216	960	\$55.82	\$67.03
Total	\$9,644,425	\$9,597,586	\$206.52	\$206.25				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	88,921	89,618						
Service Type								
DME/Supplies	\$326,477	\$316,725	\$3.67	\$3.53	399	414	\$110.56	\$102.50
FQHC / RHC	\$420,559	\$426,234	\$4.73	\$4.76	1,045	937	\$54.34	\$60.93
Home Health	\$150,784	\$168,192	\$1.70	\$1.88	68	50	\$297.41	\$449.71
IP - Maternity	\$5,529,940	\$6,008,923	\$62.19	\$67.05	269	280	\$2,778.86	\$2,875.08
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,662,939	\$4,011,558	\$41.19	\$44.76	62	63	\$8,015.18	\$8,517.11
IP - Psych	\$345,586	\$438,125	\$3.89	\$4.89	74	89	\$626.06	\$662.82
Lab	\$745,143	\$792,236	\$8.38	\$8.84	7,585	5,877	\$13.26	\$18.05
OP - Emergency Room & Related	\$4,084,575	\$3,718,050	\$45.93	\$41.49	1,813	1,818	\$304.12	\$273.85
OP - Other	\$5,434,064	\$5,541,460	\$61.11	\$61.83	2,144	2,173	\$342.09	\$341.39
Pharmacy	\$6,978,370	\$7,544,515	\$78.48	\$84.19	22,474	22,056	\$41.90	\$45.80
Prof - Anesthesia	\$413,465	\$406,186	\$4.65	\$4.53	355	354	\$157.15	\$153.57
Prof - Child EPSDT	\$59,757	\$49,742	\$0.67	\$0.56	417	408	\$19.33	\$16.33
Prof - Evaluation & Management	\$3,662,550	\$3,720,288	\$41.19	\$41.51	7,770	7,582	\$63.61	\$65.70
Prof - Maternity	\$3,106,461	\$3,234,207	\$34.94	\$36.09	883	942	\$474.56	\$459.60
Prof - Other	\$997,538	\$1,241,264	\$11.22	\$13.85	1,903	2,053	\$70.73	\$80.96
Prof - Psych	\$322,981	\$284,622	\$3.63	\$3.18	853	631	\$51.10	\$60.44
Prof - Specialist	\$1,174,084	\$1,109,769	\$13.20	\$12.38	1,402	1,352	\$112.99	\$109.93
Prof - Vision	\$116,166	\$127,477	\$1.31	\$1.42	154	123	\$101.81	\$138.71
Radiology	\$1,117,586	\$1,109,473	\$12.57	\$12.38	2,834	2,863	\$53.23	\$51.89
Transportation/Ambulance	\$722,485	\$696,817	\$8.13	\$7.78	2,457	2,028	\$39.69	\$46.02
Total	\$39,371,512	\$40,945,864	\$442.77	\$456.89				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	39,311	39,550						
Service Type								
DME/Supplies	\$62,772	\$61,955	\$1.60	\$1.57	135	153	\$142.34	\$123.17
FQHC / RHC	\$39,053	\$33,764	\$0.99	\$0.85	259	232	\$46.11	\$44.25
Home Health	\$9,792	\$11,339	\$0.25	\$0.29	15	12	\$195.84	\$283.47
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$513,060	\$449,317	\$13.05	\$11.36	21	17	\$7,329.42	\$7,882.75
IP - Psych	\$118,628	\$135,332	\$3.02	\$3.42	48	73	\$755.59	\$566.24
Lab	\$51,609	\$47,311	\$1.31	\$1.20	1,164	892	\$13.53	\$16.09
OP - Emergency Room & Related	\$534,653	\$458,721	\$13.60	\$11.60	555	512	\$294.09	\$271.92
OP - Other	\$542,009	\$631,131	\$13.79	\$15.96	511	512	\$323.97	\$373.67
Pharmacy	\$1,205,522	\$1,304,888	\$30.67	\$32.99	5,384	5,318	\$68.35	\$74.45
Prof - Anesthesia	\$21,612	\$17,995	\$0.55	\$0.46	41	37	\$162.49	\$148.72
Prof - Child EPSDT	\$7,659	\$7,303	\$0.19	\$0.18	179	156	\$13.02	\$14.24
Prof - Evaluation & Management	\$626,534	\$635,377	\$15.94	\$16.07	2,736	2,720	\$69.90	\$70.87
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$137,686	\$199,665	\$3.50	\$5.05	1,007	1,133	\$41.74	\$53.49
Prof - Psych	\$111,911	\$99,029	\$2.85	\$2.50	590	448	\$57.90	\$67.00
Prof - Specialist	\$124,388	\$123,325	\$3.16	\$3.12	338	315	\$112.47	\$118.92
Prof - Vision	\$57,316	\$64,722	\$1.46	\$1.64	346	135	\$50.50	\$145.44
Radiology	\$56,774	\$55,012	\$1.44	\$1.39	738	701	\$23.49	\$23.79
Transportation/Ambulance	\$180,635	\$164,867	\$4.60	\$4.17	800	663	\$68.92	\$75.45
Total	\$4,401,610	\$4,501,053	\$111.97	\$113.81				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	11,870	12,142						
Service Type								
DME/Supplies	\$67,519	\$57,430	\$5.69	\$4.73	587	564	\$116.21	\$100.58
FQHC / RHC	\$28,615	\$12,968	\$2.41	\$1.07	476	228	\$60.75	\$56.14
Home Health	\$19,136	\$12,406	\$1.61	\$1.02	74	41	\$262.14	\$302.58
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$878,104	\$699,917	\$73.98	\$57.64	101	77	\$8,781.04	\$8,973.29
IP - Psych	\$43,102	\$82,479	\$3.63	\$6.79	71	147	\$615.75	\$553.55
Lab	\$35,542	\$29,869	\$2.99	\$2.46	2,509	1,545	\$14.32	\$19.11
OP - Emergency Room & Related	\$521,590	\$460,801	\$43.94	\$37.95	1,495	1,548	\$352.66	\$294.25
OP - Other	\$593,416	\$620,676	\$49.99	\$51.12	1,335	1,326	\$449.22	\$462.50
Pharmacy	\$991,141	\$1,024,684	\$83.50	\$84.39	19,160	16,990	\$52.30	\$59.61
Prof - Anesthesia	\$20,233	\$17,709	\$1.70	\$1.46	129	128	\$158.07	\$136.22
Prof - Child EPSDT	\$1,341	\$1,293	\$0.11	\$0.11	181	165	\$7.49	\$7.74
Prof - Evaluation & Management	\$377,781	\$362,042	\$31.83	\$29.82	5,788	5,295	\$65.99	\$67.57
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$79,557	\$61,955	\$6.70	\$5.10	1,491	1,094	\$53.94	\$55.97
Prof - Psych	\$32,162	\$31,770	\$2.71	\$2.62	569	531	\$57.13	\$59.16
Prof - Specialist	\$131,427	\$122,388	\$11.07	\$10.08	1,073	866	\$123.87	\$139.71
Prof - Vision	\$18,920	\$18,011	\$1.59	\$1.48	143	111	\$134.19	\$160.81
Radiology	\$65,341	\$58,571	\$5.50	\$4.82	1,926	1,817	\$34.30	\$31.85
Transportation/Ambulance	\$92,135	\$88,036	\$7.76	\$7.25	1,613	1,181	\$57.73	\$73.67
Total	\$3,997,061	\$3,763,003	\$336.74	\$309.92				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	10,079	10,881						
Service Type								
DME/Supplies	\$108,799	\$161,844	\$10.79	\$14.87	1,425	1,533	\$90.89	\$116.43
FQHC / RHC	\$67,973	\$73,289	\$6.74	\$6.74	1,613	1,465	\$50.16	\$55.19
Home Health	\$16,999	\$42,948	\$1.69	\$3.95	56	124	\$361.69	\$383.46
IP - Maternity	\$19,564	\$2,119	\$1.94	\$0.19	6	1	\$3,912.80	\$2,119.31
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,537,125	\$2,274,863	\$152.51	\$209.07	180	187	\$10,179.63	\$13,381.55
IP - Psych	\$58,486	\$61,776	\$5.80	\$5.68	93	95	\$749.82	\$718.32
Lab	\$70,037	\$60,594	\$6.95	\$5.57	6,545	4,553	\$12.74	\$14.68
OP - Emergency Room & Related	\$367,016	\$399,994	\$36.41	\$36.76	1,181	1,248	\$369.98	\$353.35
OP - Other	\$1,267,109	\$1,430,560	\$125.72	\$131.47	3,090	3,153	\$488.29	\$500.37
Pharmacy	\$1,559,072	\$1,929,791	\$154.69	\$177.35	44,021	45,222	\$42.17	\$47.06
Prof - Anesthesia	\$39,633	\$42,456	\$3.93	\$3.90	307	292	\$153.62	\$160.21
Prof - Child EPSDT	\$3,902	\$4,245	\$0.39	\$0.39	485	500	\$9.59	\$9.37
Prof - Evaluation & Management	\$512,300	\$581,007	\$50.83	\$53.40	9,246	9,290	\$65.97	\$68.97
Prof - Maternity	\$9,013	\$1,997	\$0.89	\$0.18	5	1	\$2,253.18	\$1,997.49
Prof - Other	\$145,643	\$169,240	\$14.45	\$15.55	3,090	3,602	\$56.12	\$51.82
Prof - Psych	\$42,180	\$31,323	\$4.18	\$2.88	1,039	490	\$48.32	\$70.55
Prof - Specialist	\$249,938	\$280,676	\$24.80	\$25.80	2,045	2,124	\$145.48	\$145.73
Prof - Vision	\$24,022	\$28,707	\$2.38	\$2.64	361	332	\$79.28	\$95.37
Radiology	\$115,100	\$142,621	\$11.42	\$13.11	3,679	3,869	\$37.25	\$40.66
Transportation/Ambulance	\$103,242	\$121,988	\$10.24	\$11.21	4,340	3,848	\$28.32	\$34.96
Total	\$6,317,152	\$7,842,039	\$626.76	\$720.71				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	671,272	670,283						
Service Type								
DME/Supplies	\$1,375,939	\$1,297,091	\$2.05	\$1.94	268	252	\$91.94	\$92.14
FQHC / RHC	\$1,266,705	\$1,183,734	\$1.89	\$1.77	477	419	\$47.47	\$50.60
Home Health	\$291,583	\$317,793	\$0.43	\$0.47	23	20	\$231.23	\$289.96
IP - Maternity	\$6,946,955	\$7,255,790	\$10.35	\$10.82	45	46	\$2,748.00	\$2,849.88
IP - Newborn	\$11,969,802	\$9,409,476	\$17.83	\$14.04	43	45	\$4,933.27	\$3,747.22
IP - Other	\$12,068,020	\$12,962,616	\$17.98	\$19.34	35	31	\$6,179.22	\$7,598.25
IP - Psych	\$1,616,034	\$1,761,162	\$2.41	\$2.63	30	37	\$967.68	\$858.27
Lab	\$1,906,929	\$1,841,108	\$2.84	\$2.75	2,687	2,098	\$12.69	\$15.71
OP - Emergency Room & Related	\$11,118,825	\$9,808,778	\$16.56	\$14.63	875	825	\$227.20	\$212.98
OP - Other	\$16,023,386	\$16,474,163	\$23.87	\$24.58	876	896	\$326.97	\$329.20
Pharmacy	\$24,379,932	\$25,368,430	\$36.32	\$37.85	8,939	8,714	\$48.75	\$52.12
Prof - Anesthesia	\$969,815	\$879,966	\$1.44	\$1.31	109	106	\$158.52	\$148.77
Prof - Child EPSDT	\$661,932	\$629,537	\$0.99	\$0.94	954	848	\$12.40	\$13.28
Prof - Evaluation & Management	\$20,792,371	\$20,226,490	\$30.97	\$30.18	5,249	5,065	\$70.81	\$71.49
Prof - Maternity	\$3,944,483	\$3,987,376	\$5.88	\$5.95	147	155	\$480.45	\$460.81
Prof - Other	\$4,367,413	\$5,540,286	\$6.51	\$8.27	1,763	1,834	\$44.29	\$54.08
Prof - Psych	\$1,748,957	\$1,643,107	\$2.61	\$2.45	480	397	\$65.14	\$74.06
Prof - Specialist	\$3,141,903	\$3,007,110	\$4.68	\$4.49	537	515	\$104.50	\$104.63
Prof - Vision	\$1,021,400	\$1,123,914	\$1.52	\$1.68	252	136	\$72.51	\$147.88
Radiology	\$1,973,855	\$1,958,576	\$2.94	\$2.92	985	964	\$35.83	\$36.36
Transportation/Ambulance	\$3,399,565	\$3,347,504	\$5.06	\$4.99	1,093	914	\$55.59	\$65.60
Total	\$130,985,805	\$130,024,009	\$195.13	\$193.98				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	102,111	98,462						
Service Type								
DME/Supplies	\$296,709	\$227,252	\$2.91	\$2.31	423	348	\$82.35	\$79.68
FQHC / RHC	\$45,145	\$41,507	\$0.44	\$0.42	154	126	\$34.54	\$40.18
Home Health	\$63,334	\$97,220	\$0.62	\$0.99	34	33	\$217.64	\$358.74
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$23,701,037	\$23,864,901	\$232.11	\$242.38	428	515	\$6,511.26	\$5,651.59
IP - Other	\$2,538,861	\$2,313,572	\$24.86	\$23.50	38	31	\$7,933.94	\$9,108.55
IP - Psych	\$140,260	\$135,161	\$1.37	\$1.37	0	0	-	-
Lab	\$217,987	\$193,236	\$2.13	\$1.96	1,325	1,015	\$19.34	\$23.20
OP - Emergency Room & Related	\$2,557,027	\$1,946,938	\$25.04	\$19.77	1,371	1,215	\$219.13	\$195.29
OP - Other	\$2,885,626	\$2,554,904	\$28.26	\$25.95	562	639	\$603.94	\$487.37
Pharmacy	\$2,062,849	\$1,643,915	\$20.20	\$16.70	4,400	3,898	\$55.09	\$51.40
Prof - Anesthesia	\$180,600	\$163,404	\$1.77	\$1.66	102	97	\$209.03	\$205.74
Prof - Child EPSDT	\$704,503	\$796,414	\$6.90	\$8.09	7,109	7,118	\$11.65	\$13.64
Prof - Evaluation & Management	\$10,618,808	\$10,495,422	\$103.99	\$106.59	14,362	14,202	\$86.89	\$90.07
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,335,613	\$1,669,030	\$13.08	\$16.95	6,655	6,602	\$23.58	\$30.81
Prof - Psych	\$129,507	\$125,466	\$1.27	\$1.27	0	2	\$43,168.88	\$8,961.84
Prof - Specialist	\$942,211	\$829,438	\$9.23	\$8.42	950	914	\$116.57	\$110.56
Prof - Vision	\$165,243	\$177,500	\$1.62	\$1.80	118	132	\$165.08	\$163.79
Radiology	\$148,970	\$142,002	\$1.46	\$1.44	1,140	1,095	\$15.35	\$15.81
Transportation/Ambulance	\$416,173	\$401,847	\$4.08	\$4.08	559	447	\$87.45	\$109.61
Total	\$49,150,462	\$47,819,129	\$481.34	\$485.66				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	409,633	396,630						
Service Type								
DME/Supplies	\$653,561	\$696,637	\$1.60	\$1.76	231	204	\$82.98	\$103.39
FQHC / RHC	\$110,826	\$81,716	\$0.27	\$0.21	99	79	\$32.81	\$31.49
Home Health	\$135,374	\$284,572	\$0.33	\$0.72	13	21	\$311.92	\$406.53
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,479,540	\$3,083,968	\$10.94	\$7.78	11	10	\$12,272.71	\$9,261.17
IP - Psych	\$601,603	\$604,152	\$1.47	\$1.52	1	3	\$26,156.63	\$5,646.28
Lab	\$913,190	\$809,445	\$2.23	\$2.04	1,638	1,202	\$16.33	\$20.38
OP - Emergency Room & Related	\$6,495,259	\$5,216,650	\$15.86	\$13.15	896	768	\$212.45	\$205.43
OP - Other	\$8,446,139	\$7,228,635	\$20.62	\$18.23	419	447	\$590.06	\$488.95
Pharmacy	\$6,492,913	\$5,941,020	\$15.85	\$14.98	4,260	3,842	\$44.65	\$46.79
Prof - Anesthesia	\$411,916	\$333,051	\$1.01	\$0.84	73	63	\$164.31	\$159.13
Prof - Child EPSDT	\$606,465	\$573,438	\$1.48	\$1.45	1,557	1,329	\$11.41	\$13.06
Prof - Evaluation & Management	\$10,717,382	\$9,968,820	\$26.16	\$25.13	4,354	4,176	\$72.11	\$72.22
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,188,741	\$2,589,066	\$5.34	\$6.53	2,270	2,404	\$28.24	\$32.58
Prof - Psych	\$678,754	\$644,338	\$1.66	\$1.62	130	101	\$153.32	\$192.51
Prof - Specialist	\$1,148,455	\$937,021	\$2.80	\$2.36	477	452	\$70.57	\$62.76
Prof - Vision	\$598,111	\$609,230	\$1.46	\$1.54	111	73	\$158.31	\$251.02
Radiology	\$217,572	\$173,269	\$0.53	\$0.44	394	343	\$16.18	\$15.27
Transportation/Ambulance	\$1,447,875	\$1,401,639	\$3.53	\$3.53	360	280	\$117.67	\$151.32
Total	\$46,343,676	\$41,176,669	\$113.13	\$103.82				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	573,550	580,857						
Service Type								
DME/Supplies	\$768,482	\$780,628	\$1.34	\$1.34	163	154	\$98.80	\$104.94
FQHC / RHC	\$110,518	\$85,594	\$0.19	\$0.15	59	52	\$39.33	\$34.10
Home Health	\$16,376	\$24,903	\$0.03	\$0.04	4	3	\$90.48	\$197.64
IP - Maternity	\$45,499	\$11,421	\$0.08	\$0.02	0	0	\$3,791.59	\$2,855.35
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,213,177	\$3,456,396	\$5.60	\$5.95	8	7	\$8,614.42	\$10,226.02
IP - Psych	\$1,328,676	\$1,543,835	\$2.32	\$2.66	40	56	\$693.83	\$573.92
Lab	\$1,085,074	\$1,017,854	\$1.89	\$1.75	1,275	859	\$17.81	\$24.48
OP - Emergency Room & Related	\$6,193,593	\$5,480,668	\$10.80	\$9.44	481	417	\$269.44	\$271.71
OP - Other	\$7,557,846	\$7,598,131	\$13.18	\$13.08	306	331	\$516.39	\$474.17
Pharmacy	\$18,990,864	\$19,652,198	\$33.11	\$33.83	5,144	5,020	\$77.24	\$80.87
Prof - Anesthesia	\$257,865	\$270,666	\$0.45	\$0.47	34	35	\$160.76	\$159.78
Prof - Child EPSDT	\$165,312	\$118,595	\$0.29	\$0.20	292	190	\$11.84	\$12.90
Prof - Evaluation & Management	\$9,748,213	\$9,995,143	\$17.00	\$17.21	2,797	2,825	\$72.91	\$73.08
Prof - Maternity	\$22,023	\$6,961	\$0.04	\$0.01	1	0	\$880.92	\$535.46
Prof - Other	\$3,547,794	\$3,893,110	\$6.19	\$6.70	1,685	1,790	\$44.05	\$44.93
Prof - Psych	\$1,723,426	\$1,613,722	\$3.00	\$2.78	701	542	\$51.46	\$61.56
Prof - Specialist	\$1,274,646	\$1,349,587	\$2.22	\$2.32	310	299	\$86.17	\$93.22
Prof - Vision	\$846,814	\$895,139	\$1.48	\$1.54	399	161	\$44.41	\$114.67
Radiology	\$403,973	\$357,681	\$0.70	\$0.62	412	391	\$20.49	\$18.91
Transportation/Ambulance	\$1,969,491	\$2,021,297	\$3.43	\$3.48	433	360	\$95.15	\$116.05
Total	\$59,269,662	\$60,173,527	\$103.34	\$103.59				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	105,450	103,267						
Service Type								
DME/Supplies	\$189,000	\$181,685	\$1.79	\$1.76	143	167	\$150.60	\$126.43
FQHC / RHC	\$104,872	\$56,982	\$0.99	\$0.55	156	108	\$76.72	\$61.54
Home Health	\$14,615	\$6,508	\$0.14	\$0.06	13	7	\$123.86	\$114.17
IP - Maternity	\$2,984,689	\$2,713,357	\$28.30	\$26.28	123	110	\$2,753.40	\$2,862.19
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$797,068	\$1,149,771	\$7.56	\$11.13	14	16	\$6,480.23	\$8,331.67
IP - Psych	\$431,418	\$416,940	\$4.09	\$4.04	103	102	\$478.82	\$475.96
Lab	\$322,113	\$303,585	\$3.05	\$2.94	5,158	2,626	\$7.11	\$13.43
OP - Emergency Room & Related	\$3,130,313	\$2,882,946	\$29.69	\$27.92	1,045	954	\$340.81	\$351.32
OP - Other	\$2,562,255	\$2,557,244	\$24.30	\$24.76	454	485	\$642.01	\$612.66
Pharmacy	\$3,713,461	\$3,857,480	\$35.22	\$37.35	7,921	7,776	\$53.35	\$57.65
Prof - Anesthesia	\$269,994	\$231,815	\$2.56	\$2.24	179	161	\$171.97	\$167.74
Prof - Child EPSDT	\$124,909	\$70,557	\$1.18	\$0.68	448	386	\$31.69	\$21.22
Prof - Evaluation & Management	\$2,554,028	\$2,483,417	\$24.22	\$24.05	4,035	3,998	\$72.04	\$72.19
Prof - Maternity	\$1,748,582	\$1,522,425	\$16.58	\$14.74	295	275	\$674.09	\$642.37
Prof - Other	\$982,090	\$1,002,302	\$9.31	\$9.71	1,798	1,963	\$62.16	\$59.33
Prof - Psych	\$357,704	\$332,059	\$3.39	\$3.22	775	663	\$52.50	\$58.19
Prof - Specialist	\$438,711	\$480,612	\$4.16	\$4.65	652	624	\$76.54	\$89.55
Prof - Vision	\$158,825	\$166,136	\$1.51	\$1.61	549	195	\$32.90	\$98.83
Radiology	\$529,733	\$485,011	\$5.02	\$4.70	1,054	1,045	\$57.21	\$53.91
Transportation/Ambulance	\$455,283	\$439,826	\$4.32	\$4.26	806	621	\$64.25	\$82.27
Total	\$21,869,664	\$21,340,655	\$207.39	\$206.66				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	236,768	237,426						
Service Type								
DME/Supplies	\$1,080,142	\$1,214,810	\$4.56	\$5.12	419	486	\$130.61	\$126.44
FQHC / RHC	\$687,951	\$804,550	\$2.91	\$3.39	482	494	\$72.39	\$82.32
Home Health	\$122,632	\$180,495	\$0.52	\$0.76	15	19	\$410.14	\$476.24
IP - Maternity	\$14,641,932	\$15,471,998	\$61.84	\$65.17	257	254	\$2,891.95	\$3,078.39
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$7,859,318	\$8,102,449	\$33.19	\$34.13	58	57	\$6,816.41	\$7,176.66
IP - Psych	\$656,396	\$765,635	\$2.77	\$3.22	67	79	\$499.92	\$489.22
Lab	\$1,156,091	\$1,099,777	\$4.88	\$4.63	9,090	4,297	\$6.45	\$12.94
OP - Emergency Room & Related	\$14,481,283	\$14,225,641	\$61.16	\$59.92	1,886	1,776	\$389.23	\$404.82
OP - Other	\$11,208,951	\$11,369,268	\$47.34	\$47.89	779	853	\$729.04	\$673.53
Pharmacy	\$15,651,600	\$17,748,114	\$66.11	\$74.75	17,782	18,224	\$44.61	\$49.22
Prof - Anesthesia	\$1,391,408	\$1,246,999	\$5.88	\$5.25	423	426	\$166.70	\$147.99
Prof - Child EPSDT	\$217,592	\$151,736	\$0.92	\$0.64	402	416	\$27.43	\$18.44
Prof - Evaluation & Management	\$8,688,521	\$9,051,419	\$36.70	\$38.12	6,806	6,783	\$64.70	\$67.45
Prof - Maternity	\$8,322,480	\$8,436,981	\$35.15	\$35.54	695	694	\$606.99	\$614.22
Prof - Other	\$3,760,094	\$4,302,920	\$15.88	\$18.12	2,098	2,367	\$90.83	\$91.88
Prof - Psych	\$868,256	\$719,866	\$3.67	\$3.03	938	645	\$46.90	\$56.40
Prof - Specialist	\$3,434,950	\$3,391,375	\$14.51	\$14.28	1,417	1,423	\$122.82	\$120.42
Prof - Vision	\$244,791	\$276,625	\$1.03	\$1.17	126	96	\$98.23	\$144.91
Radiology	\$3,215,733	\$3,119,213	\$13.58	\$13.14	2,595	2,629	\$62.81	\$59.96
Transportation/Ambulance	\$1,176,859	\$1,246,669	\$4.97	\$5.25	2,245	1,719	\$26.57	\$36.65
Total	\$98,866,979	\$102,926,540	\$417.57	\$433.51				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	85,860	86,547						
Service Type								
DME/Supplies	\$143,584	\$159,790	\$1.67	\$1.85	156	172	\$128.89	\$129.07
FQHC / RHC	\$16,563	\$11,814	\$0.19	\$0.14	62	49	\$37.22	\$33.56
Home Health	\$3,170	\$13,094	\$0.04	\$0.15	4	3	\$113.22	\$595.19
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$838,400	\$749,022	\$9.76	\$8.65	15	13	\$7,621.82	\$7,721.88
IP - Psych	\$277,214	\$269,591	\$3.23	\$3.11	84	87	\$462.79	\$432.04
Lab	\$143,019	\$141,055	\$1.67	\$1.63	1,244	720	\$16.07	\$27.15
OP - Emergency Room & Related	\$1,329,480	\$1,238,443	\$15.48	\$14.31	501	473	\$370.54	\$363.39
OP - Other	\$1,718,145	\$1,958,190	\$20.01	\$22.63	348	365	\$690.30	\$743.15
Pharmacy	\$2,571,232	\$2,813,739	\$29.95	\$32.51	4,445	4,459	\$80.85	\$87.50
Prof - Anesthesia	\$55,875	\$60,284	\$0.65	\$0.70	47	52	\$167.79	\$161.19
Prof - Child EPSDT	\$17,537	\$16,736	\$0.20	\$0.19	222	184	\$11.02	\$12.59
Prof - Evaluation & Management	\$1,244,042	\$1,303,526	\$14.49	\$15.06	2,335	2,451	\$74.45	\$73.73
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,282,619	\$1,584,290	\$14.94	\$18.31	1,364	1,452	\$131.46	\$151.24
Prof - Psych	\$258,807	\$242,171	\$3.01	\$2.80	664	505	\$54.47	\$66.53
Prof - Specialist	\$344,900	\$344,921	\$4.02	\$3.99	379	353	\$127.22	\$135.58
Prof - Vision	\$127,275	\$135,410	\$1.48	\$1.56	370	148	\$48.12	\$126.43
Radiology	\$122,434	\$103,185	\$1.43	\$1.19	650	614	\$26.34	\$23.31
Transportation/Ambulance	\$319,233	\$325,830	\$3.72	\$3.76	510	407	\$87.53	\$110.98
Total	\$10,813,526	\$11,471,094	\$125.94	\$132.54				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	17,745	18,787						
Service Type								
DME/Supplies	\$151,082	\$140,114	\$8.51	\$7.46	654	623	\$156.24	\$143.71
FQHC / RHC	\$25,917	\$51,433	\$1.46	\$2.74	298	346	\$58.90	\$95.07
Home Health	\$14,459	\$5,556	\$0.81	\$0.30	18	11	\$556.11	\$308.65
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,172,102	\$1,410,614	\$66.05	\$75.08	85	77	\$9,302.39	\$11,657.97
IP - Psych	\$76,810	\$67,505	\$4.33	\$3.59	92	85	\$564.78	\$507.56
Lab	\$36,821	\$39,979	\$2.07	\$2.13	2,690	1,310	\$9.26	\$19.49
OP - Emergency Room & Related	\$842,990	\$741,745	\$47.51	\$39.48	1,303	1,261	\$437.46	\$375.76
OP - Other	\$840,833	\$802,797	\$47.38	\$42.73	756	671	\$752.09	\$764.57
Pharmacy	\$1,186,988	\$1,572,468	\$66.89	\$83.70	14,692	14,231	\$54.63	\$70.58
Prof - Anesthesia	\$33,751	\$33,000	\$1.90	\$1.76	156	143	\$146.75	\$147.32
Prof - Child EPSDT	\$3,108	\$3,735	\$0.18	\$0.20	170	217	\$12.38	\$10.99
Prof - Evaluation & Management	\$523,892	\$534,880	\$29.52	\$28.47	5,317	5,059	\$66.64	\$67.54
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$224,747	\$181,278	\$12.67	\$9.65	1,666	1,773	\$91.25	\$65.30
Prof - Psych	\$47,599	\$52,215	\$2.68	\$2.78	593	560	\$54.28	\$59.61
Prof - Specialist	\$208,356	\$231,482	\$11.74	\$12.32	1,108	1,007	\$127.20	\$146.88
Prof - Vision	\$19,191	\$17,903	\$1.08	\$0.95	124	53	\$104.30	\$215.70
Radiology	\$89,361	\$98,753	\$5.04	\$5.26	1,787	1,716	\$33.82	\$36.77
Transportation/Ambulance	\$84,361	\$83,342	\$4.75	\$4.44	1,004	1,003	\$56.81	\$53.05
Total	\$5,582,368	\$6,068,799	\$314.59	\$323.03				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	22,057	22,607						
Service Type								
DME/Supplies	\$348,603	\$308,315	\$15.80	\$13.64	1,455	1,490	\$130.32	\$109.84
FQHC / RHC	\$84,157	\$142,081	\$3.82	\$6.28	844	985	\$54.23	\$76.59
Home Health	\$55,963	\$80,192	\$2.54	\$3.55	70	67	\$437.21	\$636.45
IP - Maternity	\$6,545	\$12,708	\$0.30	\$0.56	1	2	\$3,272.47	\$4,236.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,407,391	\$2,581,143	\$109.14	\$114.17	152	135	\$8,597.83	\$10,122.13
IP - Psych	\$104,727	\$116,657	\$4.75	\$5.16	114	176	\$498.70	\$351.38
Lab	\$90,806	\$92,053	\$4.12	\$4.07	8,323	3,794	\$5.94	\$12.88
OP - Emergency Room & Related	\$1,125,788	\$1,182,500	\$51.04	\$52.31	1,169	1,151	\$524.11	\$545.18
OP - Other	\$2,549,823	\$2,784,674	\$115.60	\$123.18	1,924	2,020	\$720.90	\$731.85
Pharmacy	\$3,537,458	\$4,218,380	\$160.38	\$186.60	36,231	37,287	\$53.12	\$60.05
Prof - Anesthesia	\$92,306	\$93,847	\$4.18	\$4.15	347	380	\$144.68	\$131.07
Prof - Child EPSDT	\$11,085	\$21,180	\$0.50	\$0.94	542	609	\$11.12	\$18.47
Prof - Evaluation & Management	\$1,177,639	\$1,250,523	\$53.39	\$55.32	9,397	9,524	\$68.18	\$69.69
Prof - Maternity	\$3,341	\$6,386	\$0.15	\$0.28	1	14	\$1,670.47	\$245.63
Prof - Other	\$486,050	\$599,060	\$22.04	\$26.50	3,568	3,563	\$74.10	\$89.24
Prof - Psych	\$98,775	\$88,632	\$4.48	\$3.92	1,287	945	\$41.75	\$49.79
Prof - Specialist	\$566,584	\$592,218	\$25.69	\$26.20	2,334	2,248	\$132.04	\$139.84
Prof - Vision	\$45,599	\$48,270	\$2.07	\$2.14	347	274	\$71.47	\$93.55
Radiology	\$273,263	\$347,878	\$12.39	\$15.39	3,609	3,800	\$41.20	\$48.60
Transportation/Ambulance	\$117,576	\$120,055	\$5.33	\$5.31	4,394	3,237	\$14.56	\$19.69
Total	\$13,183,478	\$14,686,751	\$597.70	\$649.66				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	1,553,174	1,544,583						
Service Type								
DME/Supplies	\$3,631,163	\$3,709,230	\$2.34	\$2.40	259	257	\$108.27	\$112.08
FQHC / RHC	\$1,185,949	\$1,275,677	\$0.76	\$0.83	161	152	\$57.01	\$65.14
Home Health	\$425,923	\$692,539	\$0.27	\$0.45	12	13	\$283.01	\$407.62
IP - Maternity	\$17,678,665	\$18,209,485	\$11.38	\$11.79	48	46	\$2,869.45	\$3,044.56
IP - Newborn	\$23,701,037	\$23,864,901	\$15.26	\$15.45	28	33	\$6,511.26	\$5,651.59
IP - Other	\$23,305,856	\$22,846,936	\$15.01	\$14.79	22	21	\$8,177.49	\$8,572.96
IP - Psych	\$3,617,103	\$3,919,476	\$2.33	\$2.54	39	49	\$709.65	\$619.48
Lab	\$3,965,100	\$3,696,984	\$2.55	\$2.39	2,943	1,644	\$10.41	\$17.47
OP - Emergency Room & Related	\$36,155,733	\$32,915,530	\$23.28	\$21.31	922	827	\$303.11	\$309.26
OP - Other	\$37,769,619	\$36,853,842	\$24.32	\$23.86	465	502	\$627.01	\$570.54
Pharmacy	\$54,207,365	\$57,447,313	\$34.90	\$37.19	7,489	7,413	\$55.92	\$60.21
Prof - Anesthesia	\$2,693,715	\$2,433,067	\$1.73	\$1.58	124	122	\$167.38	\$154.94
Prof - Child EPSDT	\$1,850,510	\$1,752,391	\$1.19	\$1.13	1,100	978	\$13.00	\$13.92
Prof - Evaluation & Management	\$45,272,524	\$45,083,150	\$29.15	\$29.19	4,760	4,688	\$73.48	\$74.71
Prof - Maternity	\$10,096,426	\$9,972,753	\$6.50	\$6.46	126	125	\$618.20	\$617.70
Prof - Other	\$13,807,748	\$15,821,055	\$8.89	\$10.24	2,246	2,362	\$47.51	\$52.05
Prof - Psych	\$4,162,827	\$3,818,470	\$2.68	\$2.47	550	422	\$58.43	\$70.27
Prof - Specialist	\$8,358,812	\$8,156,655	\$5.38	\$5.28	630	612	\$102.57	\$103.52
Prof - Vision	\$2,205,850	\$2,326,214	\$1.42	\$1.51	268	129	\$63.69	\$140.33
Radiology	\$5,001,039	\$4,826,993	\$3.22	\$3.13	906	890	\$42.66	\$42.14
Transportation/Ambulance	\$5,986,851	\$6,040,505	\$3.85	\$3.91	791	624	\$58.49	\$75.21
Total	\$305,079,816	\$305,663,166	\$196.42	\$197.89				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	47,166	45,381						
Service Type								
DME/Supplies	\$199,772	\$189,610	\$4.24	\$4.18	764	701	\$66.52	\$71.52
FQHC / RHC	\$72,725	\$75,315	\$1.54	\$1.66	440	516	\$42.04	\$38.58
Home Health	\$40,717	\$31,828	\$0.86	\$0.70	56	62	\$185.08	\$134.87
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$9,456,534	\$9,393,834	\$200.49	\$207.00	1,316	1,257	\$1,828.22	\$1,976.38
IP - Other	\$1,341,416	\$1,103,996	\$28.44	\$24.33	169	130	\$2,023.25	\$2,243.89
IP - Psych	\$33,512	\$28,900	\$0.71	\$0.64	0	0	-	-
Lab	\$115,266	\$98,341	\$2.44	\$2.17	2,445	2,097	\$12.00	\$12.40
OP - Emergency Room & Related	\$465,416	\$413,482	\$9.87	\$9.11	1,089	1,003	\$108.73	\$108.97
OP - Other	\$421,295	\$430,875	\$8.93	\$9.49	620	666	\$172.95	\$171.03
Pharmacy	\$1,115,999	\$1,045,054	\$23.66	\$23.03	5,136	4,739	\$55.28	\$58.31
Prof - Anesthesia	\$37,305	\$38,197	\$0.79	\$0.84	57	58	\$165.06	\$172.82
Prof - Child EPSDT	\$267,287	\$272,149	\$5.67	\$6.00	5,762	5,534	\$11.80	\$13.00
Prof - Evaluation & Management	\$4,587,129	\$4,561,202	\$97.25	\$100.51	14,230	14,140	\$82.01	\$85.30
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$960,669	\$1,129,972	\$20.37	\$24.90	7,452	7,682	\$32.80	\$38.89
Prof - Psych	\$30,951	\$26,733	\$0.66	\$0.59	0	0	\$30,951.34	\$26,732.62
Prof - Specialist	\$288,905	\$286,461	\$6.13	\$6.31	664	595	\$110.76	\$127.23
Prof - Vision	\$76,052	\$85,136	\$1.61	\$1.88	62	69	\$311.69	\$326.12
Radiology	\$63,374	\$66,869	\$1.34	\$1.47	1,127	1,209	\$14.31	\$14.63
Transportation/Ambulance	\$248,580	\$207,474	\$5.27	\$4.57	414	347	\$152.88	\$158.14
Total	\$19,822,904	\$19,485,426	\$420.28	\$429.37				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	175,497	171,126						
Service Type								
DME/Supplies	\$316,964	\$300,887	\$1.81	\$1.76	342	304	\$63.30	\$69.30
FQHC / RHC	\$124,125	\$116,548	\$0.71	\$0.68	224	212	\$37.84	\$38.53
Home Health	\$21,650	\$12,567	\$0.12	\$0.07	5	4	\$292.57	\$216.67
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,730,629	\$1,742,272	\$9.86	\$10.18	38	36	\$3,084.90	\$3,422.93
IP - Psych	\$118,694	\$123,756	\$0.68	\$0.72	3	3	\$2,422.33	\$2,878.04
Lab	\$421,774	\$366,102	\$2.40	\$2.14	2,334	2,003	\$12.36	\$12.82
OP - Emergency Room & Related	\$1,269,265	\$1,167,353	\$7.23	\$6.82	807	718	\$107.50	\$114.02
OP - Other	\$2,183,980	\$2,131,346	\$12.44	\$12.45	436	497	\$342.53	\$300.53
Pharmacy	\$2,960,828	\$2,767,040	\$16.87	\$16.17	5,311	4,852	\$38.12	\$39.99
Prof - Anesthesia	\$135,211	\$127,934	\$0.77	\$0.75	85	80	\$108.17	\$111.54
Prof - Child EPSDT	\$248,993	\$226,474	\$1.42	\$1.32	1,518	1,266	\$11.22	\$12.55
Prof - Evaluation & Management	\$5,073,017	\$4,808,860	\$28.91	\$28.10	5,187	4,886	\$66.88	\$69.01
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,401,780	\$2,141,796	\$7.99	\$12.52	2,112	2,254	\$45.39	\$66.63
Prof - Psych	\$228,208	\$229,337	\$1.30	\$1.34	177	165	\$88.01	\$97.38
Prof - Specialist	\$560,058	\$480,743	\$3.19	\$2.81	339	301	\$113.03	\$111.85
Prof - Vision	\$289,277	\$328,717	\$1.65	\$1.92	88	90	\$224.77	\$255.41
Radiology	\$89,059	\$83,051	\$0.51	\$0.49	401	369	\$15.19	\$15.78
Transportation/Ambulance	\$534,878	\$509,420	\$3.05	\$2.98	208	182	\$175.60	\$196.61
Total	\$17,708,391	\$17,664,204	\$100.90	\$103.22				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	247,240	251,591						
Service Type								
DME/Supplies	\$262,833	\$295,620	\$1.06	\$1.18	151	141	\$84.49	\$100.04
FQHC / RHC	\$171,206	\$160,833	\$0.69	\$0.64	189	178	\$43.94	\$43.17
Home Health	\$11,192	\$12,470	\$0.05	\$0.05	3	4	\$169.58	\$152.07
IP - Maternity	\$18,361	\$14,352	\$0.07	\$0.06	0	0	\$2,623.03	\$1,594.61
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,376,871	\$1,843,662	\$5.57	\$7.33	13	20	\$5,275.37	\$4,496.74
IP - Psych	\$859,617	\$963,514	\$3.48	\$3.83	56	67	\$739.14	\$687.73
Lab	\$550,485	\$470,751	\$2.23	\$1.87	1,919	1,637	\$13.92	\$13.72
OP - Emergency Room & Related	\$1,436,642	\$1,337,848	\$5.81	\$5.32	506	433	\$137.87	\$147.39
OP - Other	\$1,625,171	\$1,703,599	\$6.57	\$6.77	319	330	\$247.44	\$246.36
Pharmacy	\$9,978,944	\$10,539,396	\$40.36	\$41.89	6,956	6,761	\$69.63	\$74.35
Prof - Anesthesia	\$80,626	\$82,282	\$0.33	\$0.33	35	34	\$112.92	\$116.22
Prof - Child EPSDT	\$72,117	\$49,655	\$0.29	\$0.20	303	193	\$11.56	\$12.28
Prof - Evaluation & Management	\$4,967,422	\$5,223,029	\$20.09	\$20.76	3,598	3,567	\$67.00	\$69.84
Prof - Maternity	\$10,920	\$5,262	\$0.04	\$0.02	1	1	\$606.66	\$478.38
Prof - Other	\$1,130,573	\$1,242,646	\$4.57	\$4.94	1,380	1,545	\$39.75	\$38.36
Prof - Psych	\$944,465	\$910,380	\$3.82	\$3.62	716	616	\$64.01	\$70.47
Prof - Specialist	\$630,566	\$643,185	\$2.55	\$2.56	288	285	\$106.30	\$107.68
Prof - Vision	\$408,277	\$513,140	\$1.65	\$2.04	175	157	\$113.32	\$156.16
Radiology	\$205,531	\$215,528	\$0.83	\$0.86	530	524	\$18.82	\$19.62
Transportation/Ambulance	\$774,766	\$754,472	\$3.13	\$3.00	300	269	\$125.20	\$133.77
Total	\$25,516,586	\$26,981,621	\$103.21	\$107.24				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	48,687	47,666						
Service Type								
DME/Supplies	\$62,310	\$116,686	\$1.28	\$2.45	120	161	\$128.47	\$182.04
FQHC / RHC	\$65,179	\$68,540	\$1.34	\$1.44	360	359	\$44.64	\$48.10
Home Health	\$16,924	\$23,532	\$0.35	\$0.49	25	26	\$167.56	\$224.11
IP - Maternity	\$1,721,111	\$1,511,791	\$35.35	\$31.72	330	242	\$1,284.41	\$1,571.51
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$692,192	\$696,865	\$14.22	\$14.62	84	31	\$2,029.89	\$5,574.92
IP - Psych	\$386,743	\$398,634	\$7.94	\$8.36	166	159	\$572.95	\$632.75
Lab	\$437,094	\$408,558	\$8.98	\$8.57	6,891	5,969	\$15.63	\$17.23
OP - Emergency Room & Related	\$810,940	\$804,121	\$16.66	\$16.87	1,125	1,050	\$177.72	\$192.88
OP - Other	\$853,126	\$1,061,790	\$17.52	\$22.28	1,459	1,435	\$144.13	\$186.25
Pharmacy	\$1,954,102	\$2,462,852	\$40.14	\$51.67	11,383	11,116	\$42.31	\$55.78
Prof - Anesthesia	\$122,828	\$94,976	\$2.52	\$1.99	168	157	\$180.63	\$152.45
Prof - Child EPSDT	\$48,780	\$33,047	\$1.00	\$0.69	478	430	\$25.14	\$19.33
Prof - Evaluation & Management	\$1,436,787	\$1,536,021	\$29.51	\$32.22	5,218	5,421	\$67.86	\$71.33
Prof - Maternity	\$1,085,711	\$886,186	\$22.30	\$18.59	525	448	\$509.96	\$497.86
Prof - Other	\$431,147	\$512,285	\$8.86	\$10.75	1,775	2,040	\$59.87	\$63.23
Prof - Psych	\$200,064	\$162,072	\$4.11	\$3.40	776	591	\$63.55	\$69.00
Prof - Specialist	\$197,484	\$206,534	\$4.06	\$4.33	802	739	\$60.73	\$70.37
Prof - Vision	\$77,403	\$92,531	\$1.59	\$1.94	221	183	\$86.48	\$127.28
Radiology	\$279,889	\$271,074	\$5.75	\$5.69	1,438	1,462	\$47.98	\$46.69
Transportation/Ambulance	\$195,378	\$203,980	\$4.01	\$4.28	467	466	\$103.16	\$110.08
Total	\$11,075,192	\$11,552,075	\$227.48	\$242.35				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	92,794	92,862						
Service Type								
DME/Supplies	\$334,965	\$303,340	\$3.61	\$3.27	371	337	\$116.67	\$116.27
FQHC / RHC	\$148,060	\$148,240	\$1.60	\$1.60	437	452	\$43.84	\$42.40
Home Health	\$110,583	\$94,613	\$1.19	\$1.02	69	78	\$207.08	\$155.87
IP - Maternity	\$6,229,903	\$6,654,751	\$67.14	\$71.66	527	580	\$1,528.44	\$1,481.80
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,633,311	\$4,840,813	\$39.15	\$52.13	170	163	\$2,769.29	\$3,835.83
IP - Psych	\$653,593	\$714,511	\$7.04	\$7.69	151	150	\$560.54	\$617.02
Lab	\$1,598,059	\$1,645,714	\$17.22	\$17.72	11,123	9,990	\$18.58	\$21.29
OP - Emergency Room & Related	\$2,983,275	\$2,658,481	\$32.15	\$28.63	1,897	1,712	\$203.41	\$200.66
OP - Other	\$4,393,929	\$5,299,167	\$47.35	\$57.06	2,832	3,242	\$200.61	\$211.19
Pharmacy	\$9,059,041	\$9,567,786	\$97.63	\$103.03	27,002	27,107	\$43.39	\$45.61
Prof - Anesthesia	\$426,630	\$414,948	\$4.60	\$4.47	351	369	\$156.96	\$145.49
Prof - Child EPSDT	\$95,985	\$77,696	\$1.03	\$0.84	559	575	\$22.21	\$17.45
Prof - Evaluation & Management	\$3,856,395	\$4,323,133	\$41.56	\$46.55	7,710	8,143	\$64.69	\$68.60
Prof - Maternity	\$3,728,120	\$3,706,366	\$40.18	\$39.91	1,044	979	\$461.92	\$489.29
Prof - Other	\$1,025,423	\$1,361,668	\$11.05	\$14.66	2,205	2,576	\$60.15	\$68.32
Prof - Psych	\$438,031	\$394,647	\$4.72	\$4.25	1,042	913	\$54.35	\$55.85
Prof - Specialist	\$1,308,742	\$1,424,049	\$14.10	\$15.34	1,782	1,714	\$94.99	\$107.39
Prof - Vision	\$137,227	\$171,397	\$1.48	\$1.85	172	154	\$103.18	\$143.55
Radiology	\$1,207,398	\$1,228,829	\$13.01	\$13.23	3,060	3,202	\$51.03	\$49.60
Transportation/Ambulance	\$623,072	\$630,735	\$6.71	\$6.79	1,139	1,180	\$70.76	\$69.08
Total	\$41,991,743	\$45,660,881	\$452.53	\$491.71				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	40,221	40,055						
Service Type								
DME/Supplies	\$63,137	\$62,501	\$1.57	\$1.56	126	142	\$149.61	\$132.14
FQHC / RHC	\$23,222	\$22,754	\$0.58	\$0.57	166	157	\$41.62	\$43.34
Home Health	\$4,242	\$6,705	\$0.11	\$0.17	10	4	\$132.56	\$478.94
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$663,110	\$564,012	\$16.49	\$14.08	34	20	\$5,766.18	\$8,418.08
IP - Psych	\$250,786	\$294,862	\$6.24	\$7.36	136	140	\$548.77	\$632.75
Lab	\$95,344	\$88,183	\$2.37	\$2.20	1,709	1,537	\$16.65	\$17.19
OP - Emergency Room & Related	\$428,874	\$355,990	\$10.66	\$8.89	673	601	\$190.19	\$177.55
OP - Other	\$520,114	\$549,800	\$12.93	\$13.73	552	630	\$281.29	\$261.56
Pharmacy	\$1,513,155	\$2,025,998	\$37.62	\$50.58	6,784	6,471	\$66.55	\$93.80
Prof - Anesthesia	\$18,001	\$17,738	\$0.45	\$0.44	41	46	\$129.50	\$114.44
Prof - Child EPSDT	\$10,520	\$8,336	\$0.26	\$0.21	264	206	\$11.90	\$12.15
Prof - Evaluation & Management	\$757,590	\$790,484	\$18.84	\$19.73	3,292	3,292	\$68.65	\$71.94
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$156,366	\$172,686	\$3.89	\$4.31	1,153	1,207	\$40.46	\$42.86
Prof - Psych	\$138,434	\$119,100	\$3.44	\$2.97	679	490	\$60.82	\$72.80
Prof - Specialist	\$181,326	\$179,065	\$4.51	\$4.47	434	390	\$124.71	\$137.64
Prof - Vision	\$63,360	\$72,767	\$1.58	\$1.82	170	126	\$110.96	\$173.67
Radiology	\$71,642	\$62,383	\$1.78	\$1.56	921	845	\$23.22	\$22.11
Transportation/Ambulance	\$133,534	\$129,978	\$3.32	\$3.24	289	262	\$137.66	\$148.72
Total	\$5,092,757	\$5,523,341	\$126.62	\$137.89				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	14,748	14,554						
Service Type								
DME/Supplies	\$84,511	\$74,189	\$5.73	\$5.10	588	523	\$116.89	\$117.02
FQHC / RHC	\$22,061	\$19,780	\$1.50	\$1.36	421	378	\$42.67	\$43.19
Home Health	\$17,556	\$17,417	\$1.19	\$1.20	91	80	\$156.75	\$179.55
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,140,027	\$1,115,105	\$77.30	\$76.62	223	381	\$4,160.68	\$2,413.65
IP - Psych	\$113,749	\$99,155	\$7.71	\$6.81	182	143	\$507.81	\$573.15
Lab	\$116,912	\$120,979	\$7.93	\$8.31	4,435	4,163	\$21.45	\$23.96
OP - Emergency Room & Related	\$438,558	\$350,788	\$29.74	\$24.10	1,627	1,462	\$219.39	\$197.85
OP - Other	\$557,212	\$714,116	\$37.78	\$49.07	1,735	2,525	\$261.36	\$233.22
Pharmacy	\$1,232,391	\$1,327,906	\$83.56	\$91.24	22,628	21,861	\$44.31	\$50.08
Prof - Anesthesia	\$19,485	\$20,948	\$1.32	\$1.44	118	143	\$134.38	\$121.09
Prof - Child EPSDT	\$3,784	\$3,811	\$0.26	\$0.26	266	276	\$11.57	\$11.38
Prof - Evaluation & Management	\$485,342	\$515,136	\$32.91	\$35.39	6,025	6,128	\$65.54	\$69.31
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$99,688	\$185,223	\$6.76	\$12.73	1,455	1,785	\$55.75	\$85.55
Prof - Psych	\$50,166	\$39,002	\$3.40	\$2.68	790	637	\$51.66	\$50.46
Prof - Specialist	\$209,925	\$221,693	\$14.23	\$15.23	1,162	1,198	\$147.01	\$152.58
Prof - Vision	\$22,824	\$29,275	\$1.55	\$2.01	133	150	\$140.03	\$160.85
Radiology	\$74,871	\$74,776	\$5.08	\$5.14	2,296	2,189	\$26.53	\$28.16
Transportation/Ambulance	\$82,357	\$90,293	\$5.58	\$6.20	766	719	\$87.43	\$103.55
Total	\$4,771,419	\$5,019,592	\$323.53	\$344.89				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	9,507	10,072						
Service Type								
DME/Supplies	\$84,152	\$79,931	\$8.85	\$7.94	1,213	1,228	\$87.57	\$77.53
FQHC / RHC	\$25,044	\$32,372	\$2.63	\$3.21	872	1,082	\$36.24	\$35.65
Home Health	\$19,746	\$53,559	\$2.08	\$5.32	97	539	\$256.44	\$118.49
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,011,525	\$1,643,084	\$106.40	\$163.13	355	566	\$3,599.73	\$3,459.12
IP - Psych	\$48,948	\$92,689	\$5.15	\$9.20	124	175	\$499.47	\$630.54
Lab	\$111,603	\$139,682	\$11.74	\$13.87	7,721	8,565	\$18.24	\$19.43
OP - Emergency Room & Related	\$214,707	\$235,835	\$22.58	\$23.41	1,251	1,234	\$216.66	\$227.64
OP - Other	\$728,173	\$892,611	\$76.59	\$88.62	3,326	4,620	\$276.35	\$230.17
Pharmacy	\$1,809,659	\$2,115,151	\$190.35	\$210.00	46,595	49,476	\$49.02	\$50.93
Prof - Anesthesia	\$20,550	\$28,012	\$2.16	\$2.78	208	293	\$124.54	\$113.87
Prof - Child EPSDT	\$4,198	\$5,156	\$0.44	\$0.51	563	656	\$9.41	\$9.36
Prof - Evaluation & Management	\$436,487	\$569,015	\$45.91	\$56.49	8,288	9,642	\$66.48	\$70.31
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$201,040	\$163,320	\$21.15	\$16.22	3,103	4,002	\$81.79	\$48.62
Prof - Psych	\$45,465	\$40,173	\$4.78	\$3.99	1,020	723	\$56.27	\$66.18
Prof - Specialist	\$218,972	\$272,046	\$23.03	\$27.01	2,186	2,503	\$126.43	\$129.48
Prof - Vision	\$18,894	\$31,345	\$1.99	\$3.11	299	317	\$79.72	\$117.84
Radiology	\$74,425	\$107,710	\$7.83	\$10.69	3,125	3,853	\$30.06	\$33.31
Transportation/Ambulance	\$67,500	\$99,262	\$7.10	\$9.86	1,563	2,447	\$54.52	\$48.33
Total	\$5,141,089	\$6,600,954	\$540.77	\$655.38				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	675,860	673,307						
Service Type								
DME/Supplies	\$1,408,645	\$1,422,762	\$2.08	\$2.11	294	273	\$84.95	\$92.77
FQHC / RHC	\$651,621	\$644,382	\$0.96	\$0.96	275	277	\$42.02	\$41.53
Home Health	\$242,611	\$252,691	\$0.36	\$0.38	22	29	\$199.52	\$153.05
IP - Maternity	\$7,969,375	\$8,180,893	\$11.79	\$12.15	96	97	\$1,469.55	\$1,497.78
IP - Newborn	\$9,456,534	\$9,393,834	\$13.99	\$13.95	92	85	\$1,828.22	\$1,976.38
IP - Other	\$11,589,082	\$13,549,809	\$17.15	\$20.12	68	68	\$3,043.35	\$3,563.86
IP - Psych	\$2,465,641	\$2,716,019	\$3.65	\$4.03	68	72	\$643.43	\$675.96
Lab	\$3,446,538	\$3,338,310	\$5.10	\$4.96	3,809	3,372	\$16.06	\$17.64
OP - Emergency Room & Related	\$8,047,678	\$7,323,899	\$11.91	\$10.88	905	808	\$157.85	\$161.53
OP - Other	\$11,282,999	\$12,783,303	\$16.69	\$18.99	885	1,004	\$226.48	\$226.81
Pharmacy	\$29,624,120	\$31,851,183	\$43.83	\$47.31	10,362	10,202	\$50.76	\$55.64
Prof - Anesthesia	\$860,635	\$825,035	\$1.27	\$1.23	107	109	\$142.56	\$134.70
Prof - Child EPSDT	\$751,663	\$676,323	\$1.11	\$1.00	1,048	905	\$12.74	\$13.33
Prof - Evaluation & Management	\$21,600,170	\$22,326,882	\$31.96	\$33.16	5,535	5,507	\$69.29	\$72.25
Prof - Maternity	\$4,824,750	\$4,597,814	\$7.14	\$6.83	181	167	\$472.18	\$490.90
Prof - Other	\$5,406,687	\$6,909,597	\$8.00	\$10.26	2,148	2,338	\$44.69	\$52.67
Prof - Psych	\$2,075,786	\$1,921,444	\$3.07	\$2.85	579	494	\$63.65	\$69.35
Prof - Specialist	\$3,595,977	\$3,713,775	\$5.32	\$5.52	624	598	\$102.34	\$110.62
Prof - Vision	\$1,093,314	\$1,324,307	\$1.62	\$1.97	148	136	\$131.25	\$173.75
Radiology	\$2,066,188	\$2,110,219	\$3.06	\$3.13	1,049	1,071	\$34.97	\$35.11
Transportation/Ambulance	\$2,660,065	\$2,625,614	\$3.94	\$3.90	439	434	\$107.65	\$107.93
Total	\$131,120,081	\$138,488,093	\$194.00	\$205.68				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age Under 1								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	27,334	27,271						
Service Type								
DME/Supplies	\$121,631	\$123,297	\$4.45	\$4.52	726	892	\$73.58	\$60.82
FQHC / RHC	\$14,742	\$13,708	\$0.54	\$0.50	150	134	\$43.23	\$44.94
Home Health	\$5,239	\$18,059	\$0.19	\$0.66	14	30	\$169.01	\$265.57
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$4,727,393	\$5,053,250	\$172.95	\$185.30	2,153	2,041	\$963.76	\$1,089.23
IP - Other	\$918,653	\$987,400	\$33.61	\$36.21	398	175	\$1,012.85	\$2,480.90
IP - Psych	\$23,970	\$24,259	\$0.88	\$0.89	0	1	-	\$8,086.37
Lab	\$66,159	\$78,537	\$2.42	\$2.88	2,307	2,857	\$12.59	\$12.10
OP - Emergency Room & Related	\$341,522	\$312,075	\$12.49	\$11.44	1,483	1,328	\$101.12	\$103.38
OP - Other	\$275,708	\$346,070	\$10.09	\$12.69	1,616	1,534	\$74.88	\$99.27
Pharmacy	\$651,704	\$775,698	\$23.84	\$28.44	6,100	5,633	\$46.90	\$60.59
Prof - Anesthesia	\$18,190	\$25,373	\$0.67	\$0.93	49	62	\$162.41	\$178.65
Prof - Child EPSDT	\$106,180	\$123,749	\$3.88	\$4.54	3,994	4,063	\$11.67	\$13.40
Prof - Evaluation & Management	\$2,537,560	\$2,792,031	\$92.84	\$102.38	14,648	15,080	\$76.06	\$81.47
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$654,405	\$698,206	\$23.94	\$25.60	8,429	9,115	\$34.08	\$33.71
Prof - Psych	\$22,110	\$21,728	\$0.81	\$0.80	0	0	-	-
Prof - Specialist	\$164,010	\$195,814	\$6.00	\$7.18	704	703	\$102.28	\$122.55
Prof - Vision	\$43,031	\$44,484	\$1.57	\$1.63	89	70	\$211.98	\$279.64
Radiology	\$38,531	\$45,137	\$1.41	\$1.66	1,172	1,265	\$14.44	\$15.70
Transportation/Ambulance	\$170,174	\$167,106	\$6.23	\$6.13	386	431	\$193.38	\$170.52
Total	\$10,900,912	\$11,845,978	\$398.80	\$434.38				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 1-5								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	102,701	101,199						
Service Type								
DME/Supplies	\$129,295	\$120,580	\$1.26	\$1.19	261	295	\$57.90	\$48.43
FQHC / RHC	\$50,009	\$43,655	\$0.49	\$0.43	132	112	\$44.26	\$46.05
Home Health	\$5,584	\$5,432	\$0.05	\$0.05	2	4	\$328.48	\$181.05
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,341,421	\$1,094,169	\$13.06	\$10.81	165	93	\$949.34	\$1,397.41
IP - Psych	\$94,078	\$84,486	\$0.92	\$0.83	1	1	\$8,552.57	\$14,081.05
Lab	\$307,596	\$279,784	\$3.00	\$2.76	2,936	2,676	\$12.24	\$12.40
OP - Emergency Room & Related	\$1,074,989	\$921,849	\$10.47	\$9.11	1,230	1,044	\$102.14	\$104.71
OP - Other	\$1,268,079	\$1,290,951	\$12.35	\$12.76	1,306	1,251	\$113.48	\$122.32
Pharmacy	\$2,090,027	\$1,969,043	\$20.35	\$19.46	7,094	6,487	\$34.42	\$35.99
Prof - Anesthesia	\$118,805	\$104,839	\$1.16	\$1.04	138	137	\$100.34	\$90.85
Prof - Child EPSDT	\$123,285	\$117,930	\$1.20	\$1.17	1,284	1,103	\$11.22	\$12.67
Prof - Evaluation & Management	\$3,598,195	\$3,496,064	\$35.04	\$34.55	6,534	6,135	\$64.35	\$67.58
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$644,144	\$789,853	\$6.27	\$7.80	2,091	2,361	\$35.99	\$39.67
Prof - Psych	\$150,372	\$141,239	\$1.46	\$1.40	173	140	\$101.40	\$119.49
Prof - Specialist	\$377,076	\$389,821	\$3.67	\$3.85	448	429	\$98.45	\$107.83
Prof - Vision	\$164,452	\$189,869	\$1.60	\$1.88	155	160	\$123.65	\$140.85
Radiology	\$89,092	\$76,855	\$0.87	\$0.76	655	578	\$15.88	\$15.77
Transportation/Ambulance	\$386,264	\$397,623	\$3.76	\$3.93	350	330	\$128.97	\$142.67
Total	\$12,012,764	\$11,514,041	\$116.97	\$113.78				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 6-14								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	159,523	162,357						
Service Type								
DME/Supplies	\$166,622	\$180,665	\$1.04	\$1.11	157	147	\$80.03	\$91.06
FQHC / RHC	\$75,302	\$84,147	\$0.47	\$0.52	132	137	\$42.98	\$45.34
Home Health	\$10,586	\$10,198	\$0.07	\$0.06	5	13	\$149.09	\$57.29
IP - Maternity	\$3,166	\$12,591	\$0.02	\$0.08	0	0	\$3,165.73	\$4,197.00
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$854,042	\$958,008	\$5.35	\$5.90	44	51	\$1,469.95	\$1,400.60
IP - Psych	\$261,040	\$302,633	\$1.64	\$1.86	23	24	\$853.07	\$928.32
Lab	\$405,065	\$397,410	\$2.54	\$2.45	2,206	2,065	\$13.81	\$14.23
OP - Emergency Room & Related	\$1,433,003	\$1,243,974	\$8.98	\$7.66	805	709	\$133.90	\$129.74
OP - Other	\$1,387,305	\$1,500,375	\$8.70	\$9.24	897	949	\$116.35	\$116.82
Pharmacy	\$6,652,262	\$6,562,652	\$41.70	\$40.42	8,400	8,164	\$59.57	\$59.41
Prof - Anesthesia	\$64,370	\$71,167	\$0.40	\$0.44	47	57	\$102.17	\$92.55
Prof - Child EPSDT	\$35,799	\$26,188	\$0.22	\$0.16	260	172	\$10.37	\$11.26
Prof - Evaluation & Management	\$3,941,262	\$4,205,836	\$24.71	\$25.90	4,788	4,754	\$61.92	\$65.39
Prof - Maternity	\$2,527	\$5,014	\$0.02	\$0.03	0	0	\$1,263.34	\$1,253.61
Prof - Other	\$1,216,882	\$1,591,095	\$7.63	\$9.80	1,693	2,031	\$54.06	\$57.91
Prof - Psych	\$667,550	\$597,126	\$4.18	\$3.68	816	639	\$61.55	\$69.02
Prof - Specialist	\$429,729	\$461,071	\$2.69	\$2.84	349	356	\$92.61	\$95.68
Prof - Vision	\$306,823	\$357,769	\$1.92	\$2.20	438	330	\$52.75	\$80.04
Radiology	\$212,761	\$217,574	\$1.33	\$1.34	793	738	\$20.19	\$21.80
Transportation/Ambulance	\$532,611	\$595,539	\$3.34	\$3.67	530	500	\$75.55	\$88.07
Total	\$18,658,705	\$19,381,033	\$116.97	\$119.37				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Female								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	33,264	34,160						
Service Type								
DME/Supplies	\$23,953	\$52,975	\$0.72	\$1.55	126	160	\$68.44	\$116.17
FQHC / RHC	\$25,593	\$28,541	\$0.77	\$0.84	241	236	\$38.25	\$42.41
Home Health	\$4,469	\$7,894	\$0.13	\$0.23	4	6	\$372.41	\$438.58
IP - Maternity	\$1,343,379	\$1,148,507	\$40.39	\$33.62	620	594	\$781.49	\$679.59
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$503,429	\$1,244,283	\$15.13	\$36.43	68	128	\$2,663.65	\$3,427.78
IP - Psych	\$162,955	\$103,201	\$4.90	\$3.02	99	61	\$594.73	\$596.54
Lab	\$258,082	\$256,497	\$7.76	\$7.51	6,111	5,506	\$15.24	\$16.36
OP - Emergency Room & Related	\$758,771	\$696,382	\$22.81	\$20.39	1,574	1,519	\$173.91	\$161.09
OP - Other	\$815,486	\$938,568	\$24.52	\$27.48	2,943	3,911	\$99.95	\$84.31
Pharmacy	\$1,151,580	\$1,211,523	\$34.62	\$35.47	12,529	12,653	\$33.16	\$33.64
Prof - Anesthesia	\$89,945	\$74,038	\$2.70	\$2.17	191	206	\$169.71	\$126.56
Prof - Child EPSDT	\$19,022	\$17,799	\$0.57	\$0.52	365	335	\$18.78	\$18.68
Prof - Evaluation & Management	\$1,155,484	\$1,248,568	\$34.74	\$36.55	6,390	6,360	\$65.23	\$68.96
Prof - Maternity	\$792,771	\$738,721	\$23.83	\$21.63	500	442	\$572.40	\$586.75
Prof - Other	\$341,916	\$350,789	\$10.28	\$10.27	1,978	2,118	\$62.36	\$58.19
Prof - Psych	\$117,295	\$119,735	\$3.53	\$3.51	646	654	\$65.53	\$64.27
Prof - Specialist	\$154,949	\$169,576	\$4.66	\$4.96	720	736	\$77.63	\$80.90
Prof - Vision	\$65,809	\$76,932	\$1.98	\$2.25	507	367	\$46.81	\$73.55
Radiology	\$298,146	\$289,441	\$8.96	\$8.47	2,060	2,045	\$52.22	\$49.72
Transportation/Ambulance	\$143,254	\$165,795	\$4.31	\$4.85	461	450	\$112.00	\$129.53
Total	\$8,226,288	\$8,939,765	\$247.30	\$261.70				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Female								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	63,193	64,737						
Service Type								
DME/Supplies	\$225,849	\$247,391	\$3.57	\$3.82	373	432	\$114.99	\$106.09
FQHC / RHC	\$89,026	\$93,386	\$1.41	\$1.44	417	392	\$40.58	\$44.20
Home Health	\$44,532	\$64,276	\$0.70	\$0.99	43	86	\$198.80	\$139.13
IP - Maternity	\$3,517,613	\$3,539,206	\$55.66	\$54.67	942	1,014	\$709.34	\$647.14
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,956,002	\$4,230,816	\$46.78	\$65.35	413	428	\$1,358.46	\$1,833.90
IP - Psych	\$404,411	\$379,298	\$6.40	\$5.86	146	103	\$524.53	\$682.19
Lab	\$930,882	\$971,633	\$14.73	\$15.01	9,407	9,035	\$18.79	\$19.94
OP - Emergency Room & Related	\$2,598,742	\$2,142,794	\$41.12	\$33.10	2,359	2,217	\$209.19	\$179.18
OP - Other	\$3,272,826	\$3,680,903	\$51.79	\$56.86	5,358	5,931	\$116.00	\$115.05
Pharmacy	\$8,161,703	\$8,278,284	\$129.16	\$127.88	32,770	33,728	\$47.30	\$45.50
Prof - Anesthesia	\$259,472	\$252,273	\$4.11	\$3.90	342	398	\$144.07	\$117.50
Prof - Child EPSDT	\$31,862	\$28,478	\$0.50	\$0.44	468	513	\$12.92	\$10.28
Prof - Evaluation & Management	\$2,861,657	\$2,954,990	\$45.28	\$45.65	8,480	8,286	\$64.08	\$66.10
Prof - Maternity	\$2,095,016	\$2,108,160	\$33.15	\$32.56	704	690	\$565.00	\$565.95
Prof - Other	\$674,024	\$714,320	\$10.67	\$11.03	1,792	1,981	\$71.41	\$66.85
Prof - Psych	\$223,594	\$183,151	\$3.54	\$2.83	740	605	\$57.39	\$56.15
Prof - Specialist	\$825,821	\$852,767	\$13.07	\$13.17	1,367	1,407	\$114.73	\$112.34
Prof - Vision	\$97,825	\$113,408	\$1.55	\$1.75	257	198	\$72.20	\$106.09
Radiology	\$873,830	\$862,254	\$13.83	\$13.32	3,410	3,317	\$48.66	\$48.19
Transportation/Ambulance	\$413,687	\$464,804	\$6.55	\$7.18	1,096	1,114	\$71.65	\$77.35
Total	\$30,558,373	\$32,162,590	\$483.57	\$496.82				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 15-20 Male								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	29,918	29,781						
Service Type								
DME/Supplies	\$62,159	\$56,941	\$2.08	\$1.91	229	195	\$108.86	\$117.40
FQHC / RHC	\$17,011	\$19,452	\$0.57	\$0.65	188	199	\$36.27	\$39.46
Home Health	\$4,312	\$1,778	\$0.14	\$0.06	1	3	\$1,437.48	\$222.21
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$573,384	\$320,896	\$19.17	\$10.78	93	30	\$2,460.88	\$4,278.62
IP - Psych	\$94,362	\$95,553	\$3.15	\$3.21	81	59	\$469.46	\$650.02
Lab	\$76,205	\$64,051	\$2.55	\$2.15	2,046	1,733	\$14.94	\$14.90
OP - Emergency Room & Related	\$511,192	\$377,636	\$17.09	\$12.68	1,058	880	\$193.71	\$172.99
OP - Other	\$503,606	\$445,202	\$16.83	\$14.95	1,355	1,223	\$149.08	\$146.69
Pharmacy	\$1,067,961	\$1,114,354	\$35.70	\$37.42	8,208	8,091	\$52.19	\$55.50
Prof - Anesthesia	\$14,653	\$16,099	\$0.49	\$0.54	51	56	\$115.38	\$115.82
Prof - Child EPSDT	\$5,049	\$4,160	\$0.17	\$0.14	220	187	\$9.21	\$8.95
Prof - Evaluation & Management	\$678,915	\$689,835	\$22.69	\$23.16	4,119	3,983	\$66.11	\$69.78
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$290,388	\$196,126	\$9.71	\$6.59	1,182	1,383	\$98.54	\$57.15
Prof - Psych	\$96,224	\$96,267	\$3.22	\$3.23	527	509	\$73.17	\$76.16
Prof - Specialist	\$157,851	\$140,860	\$5.28	\$4.73	482	454	\$131.32	\$124.99
Prof - Vision	\$52,762	\$55,510	\$1.76	\$1.86	371	226	\$57.10	\$98.77
Radiology	\$74,507	\$67,326	\$2.49	\$2.26	1,229	1,124	\$24.32	\$24.13
Transportation/Ambulance	\$126,547	\$130,873	\$4.23	\$4.39	364	289	\$139.37	\$182.27
Total	\$4,407,090	\$3,892,919	\$147.31	\$130.72				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 21-44 Male								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	13,396	14,766						
Service Type								
DME/Supplies	\$93,162	\$83,204	\$6.95	\$5.63	763	623	\$109.34	\$108.62
FQHC / RHC	\$15,007	\$20,129	\$1.12	\$1.36	317	336	\$42.39	\$48.62
Home Health	\$9,281	\$8,030	\$0.69	\$0.54	40	63	\$206.25	\$102.95
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$861,788	\$670,964	\$64.33	\$45.44	441	418	\$1,751.60	\$1,305.38
IP - Psych	\$123,333	\$104,870	\$9.21	\$7.10	220	138	\$501.35	\$616.88
Lab	\$104,818	\$118,326	\$7.82	\$8.01	4,973	5,012	\$18.88	\$19.19
OP - Emergency Room & Related	\$524,973	\$417,496	\$39.19	\$28.27	2,315	2,015	\$203.16	\$168.41
OP - Other	\$726,577	\$636,546	\$54.24	\$43.11	3,736	3,993	\$174.20	\$129.54
Pharmacy	\$1,970,439	\$2,034,107	\$147.09	\$137.76	31,581	31,134	\$55.89	\$53.10
Prof - Anesthesia	\$18,814	\$17,410	\$1.40	\$1.18	146	139	\$115.43	\$101.81
Prof - Child EPSDT	\$2,512	\$3,511	\$0.19	\$0.24	318	389	\$7.08	\$7.33
Prof - Evaluation & Management	\$525,842	\$555,102	\$39.25	\$37.59	7,246	6,718	\$65.01	\$67.15
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$74,351	\$97,984	\$5.55	\$6.64	1,392	1,432	\$47.84	\$55.61
Prof - Psych	\$39,315	\$37,978	\$2.93	\$2.57	632	567	\$55.77	\$54.41
Prof - Specialist	\$167,293	\$158,750	\$12.49	\$10.75	1,066	1,020	\$140.58	\$126.49
Prof - Vision	\$20,585	\$24,399	\$1.54	\$1.65	235	172	\$78.57	\$115.09
Radiology	\$92,594	\$91,417	\$6.91	\$6.19	2,679	2,317	\$30.96	\$32.06
Transportation/Ambulance	\$80,519	\$89,656	\$6.01	\$6.07	1,130	936	\$63.85	\$77.83
Total	\$5,451,203	\$5,169,879	\$406.93	\$350.12				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

Age 45 and Over								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	6,261	6,914						
Service Type								
DME/Supplies	\$52,475	\$87,266	\$8.38	\$12.62	1,179	1,717	\$85.33	\$88.24
FQHC / RHC	\$9,829	\$10,839	\$1.57	\$1.57	519	453	\$36.27	\$41.53
Home Health	\$21,372	\$17,892	\$3.41	\$2.59	140	87	\$292.77	\$357.84
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$838,494	\$761,712	\$133.92	\$110.17	652	646	\$2,466.16	\$2,047.61
IP - Psych	\$34,149	\$19,420	\$5.45	\$2.81	117	71	\$559.81	\$473.65
Lab	\$75,039	\$88,400	\$11.99	\$12.79	7,220	7,350	\$19.92	\$20.87
OP - Emergency Room & Related	\$241,419	\$171,659	\$38.56	\$24.83	1,681	1,309	\$275.28	\$227.66
OP - Other	\$517,636	\$611,019	\$82.68	\$88.37	4,920	5,290	\$201.65	\$200.47
Pharmacy	\$1,244,530	\$1,410,565	\$198.77	\$204.02	53,614	54,106	\$44.49	\$45.25
Prof - Anesthesia	\$13,640	\$18,847	\$2.18	\$2.73	226	285	\$115.59	\$114.92
Prof - Child EPSDT	\$2,543	\$3,012	\$0.41	\$0.44	640	687	\$7.61	\$7.61
Prof - Evaluation & Management	\$342,798	\$367,862	\$54.75	\$53.21	9,779	9,237	\$67.19	\$69.12
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$71,408	\$81,566	\$11.41	\$11.80	2,747	2,628	\$49.83	\$53.87
Prof - Psych	\$30,556	\$25,818	\$4.88	\$3.73	956	708	\$61.24	\$63.28
Prof - Specialist	\$117,408	\$158,376	\$18.75	\$22.91	1,828	2,149	\$123.07	\$127.93
Prof - Vision	\$15,468	\$15,624	\$2.47	\$2.26	445	392	\$66.67	\$69.13
Radiology	\$78,264	\$70,531	\$12.50	\$10.20	4,117	3,433	\$36.44	\$35.66
Transportation/Ambulance	\$56,378	\$62,954	\$9.00	\$9.11	1,855	1,656	\$58.24	\$65.99
Total	\$3,763,407	\$3,983,361	\$601.09	\$576.13				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	435,590	441,185						
Service Type								
DME/Supplies	\$875,146	\$952,319	\$2.01	\$2.16	284	314	\$84.80	\$82.60
FQHC / RHC	\$296,519	\$313,858	\$0.68	\$0.71	198	192	\$41.30	\$44.44
Home Health	\$105,376	\$133,559	\$0.24	\$0.30	13	24	\$221.38	\$149.73
IP - Maternity	\$4,864,157	\$4,700,304	\$11.17	\$10.65	184	195	\$728.28	\$656.28
IP - Newborn	\$4,727,393	\$5,053,250	\$10.85	\$11.45	135	126	\$963.76	\$1,089.23
IP - Other	\$8,847,214	\$10,268,247	\$20.31	\$23.27	174	149	\$1,397.44	\$1,868.31
IP - Psych	\$1,198,299	\$1,113,720	\$2.75	\$2.52	52	39	\$640.80	\$783.21
Lab	\$2,223,846	\$2,254,637	\$5.11	\$5.11	3,873	3,702	\$15.82	\$16.56
OP - Emergency Room & Related	\$7,484,610	\$6,283,865	\$17.18	\$14.24	1,308	1,173	\$157.60	\$145.77
OP - Other	\$8,767,222	\$9,449,634	\$20.13	\$21.42	2,018	2,203	\$119.66	\$116.65
Pharmacy	\$22,990,208	\$23,356,226	\$52.78	\$52.94	13,148	13,205	\$48.17	\$48.11
Prof - Anesthesia	\$597,890	\$580,047	\$1.37	\$1.31	129	143	\$128.17	\$110.04
Prof - Child EPSDT	\$326,251	\$324,826	\$0.75	\$0.74	778	705	\$11.55	\$12.53
Prof - Evaluation & Management	\$15,641,713	\$16,310,288	\$35.91	\$36.97	6,578	6,436	\$65.51	\$68.93
Prof - Maternity	\$2,890,314	\$2,851,895	\$6.64	\$6.46	140	136	\$567.28	\$571.75
Prof - Other	\$3,967,517	\$4,519,938	\$9.11	\$10.24	2,217	2,489	\$49.31	\$49.39
Prof - Psych	\$1,347,016	\$1,223,041	\$3.09	\$2.77	566	471	\$65.60	\$70.58
Prof - Specialist	\$2,394,136	\$2,527,033	\$5.50	\$5.73	623	635	\$105.87	\$108.28
Prof - Vision	\$766,755	\$877,995	\$1.76	\$1.99	318	247	\$66.51	\$96.57
Radiology	\$1,757,727	\$1,720,535	\$4.04	\$3.90	1,396	1,334	\$34.68	\$35.07
Transportation/Ambulance	\$1,909,434	\$2,074,349	\$4.38	\$4.70	582	561	\$90.43	\$100.49
Total	\$93,978,741	\$96,889,567	\$215.75	\$219.61				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Low Income Families with Children (LIFC)

Exhibit 1a

All Age Categories								
All Regions	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	6,704,215	6,698,959						
Service Type								
DME/Supplies	\$13,989,609	\$14,121,390	\$2.09	\$2.11	281	277	\$89.08	\$91.32
FQHC / RHC	\$6,973,236	\$6,178,092	\$1.04	\$0.92	278	230	\$44.90	\$48.05
Home Health	\$2,009,194	\$2,458,903	\$0.30	\$0.37	11	12	\$329.05	\$355.33
IP - Maternity	\$68,344,671	\$73,690,331	\$10.19	\$11.00	56	58	\$2,177.55	\$2,264.26
IP - Newborn	\$90,314,787	\$89,012,650	\$13.47	\$13.29	47	49	\$3,409.78	\$3,260.06
IP - Other	\$112,068,183	\$120,457,364	\$16.72	\$17.98	41	37	\$4,908.60	\$5,772.07
IP - Psych	\$17,119,149	\$18,184,999	\$2.55	\$2.71	42	47	\$727.30	\$697.52
Lab	\$21,102,777	\$20,445,720	\$3.15	\$3.05	3,145	2,287	\$12.01	\$16.02
OP - Emergency Room & Related	\$117,987,722	\$105,044,265	\$17.60	\$15.68	884	800	\$238.93	\$235.21
OP - Other	\$130,622,432	\$138,435,279	\$19.48	\$20.67	685	755	\$341.45	\$328.33
Pharmacy	\$233,360,114	\$248,367,526	\$34.81	\$37.08	8,287	8,102	\$50.40	\$54.91
Prof - Anesthesia	\$9,494,708	\$8,808,916	\$1.42	\$1.31	105	110	\$161.12	\$143.69
Prof - Child EPSDT	\$7,259,129	\$7,399,901	\$1.08	\$1.10	1,068	950	\$12.17	\$13.95
Prof - Evaluation & Management	\$208,394,477	\$210,932,576	\$31.08	\$31.49	5,277	5,156	\$70.69	\$73.28
Prof - Maternity	\$38,608,944	\$38,926,577	\$5.76	\$5.81	122	121	\$566.81	\$574.10
Prof - Other	\$56,938,671	\$69,324,082	\$8.49	\$10.35	2,253	2,270	\$45.23	\$54.72
Prof - Psych	\$16,787,287	\$15,382,897	\$2.50	\$2.30	475	382	\$63.22	\$72.19
Prof - Specialist	\$31,861,349	\$31,863,802	\$4.75	\$4.76	522	524	\$109.32	\$108.99
Prof - Vision	\$10,688,373	\$11,909,615	\$1.59	\$1.78	255	169	\$75.08	\$126.07
Radiology	\$20,719,027	\$20,682,970	\$3.09	\$3.09	961	959	\$38.59	\$38.62
Transportation/Ambulance	\$27,534,416	\$27,610,625	\$4.11	\$4.12	704	589	\$70.03	\$83.91
Total	\$1,242,178,255	\$1,279,238,480	\$185.28	\$190.96				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	132	106						
Service Type								
DME/Supplies	\$9,346	\$6,172	\$70.81	\$58.23	9,091	4,755	\$93.46	\$146.96
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$0	\$380	\$0.00	\$3.58	0	226	-	\$190.00
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$34,896	\$809	\$264.36	\$7.63	182	113	\$17,447.86	\$809.21
IP - Other	\$55,084	\$72,274	\$417.30	\$681.83	727	679	\$6,885.47	\$12,045.67
IP - Psych	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Lab	\$330	\$320	\$2.50	\$3.01	2,545	1,811	\$11.78	\$19.97
OP - Emergency Room & Related	\$9,385	\$3,499	\$71.10	\$33.01	2,000	1,132	\$426.60	\$349.85
OP - Other	\$20,232	\$8,653	\$153.27	\$81.63	2,545	3,057	\$722.58	\$320.47
Pharmacy	\$76,590	\$47,804	\$580.23	\$450.98	16,455	17,598	\$423.15	\$307.52
Prof - Anesthesia	\$1,945	\$542	\$14.73	\$5.12	636	453	\$277.83	\$135.62
Prof - Child EPSDT	\$782	\$716	\$5.93	\$6.76	6,091	6,000	\$11.68	\$13.51
Prof - Evaluation & Management	\$17,669	\$61,840	\$133.85	\$583.40	19,909	42,000	\$80.68	\$166.69
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$76,240	\$13,999	\$577.58	\$132.06	22,182	17,094	\$312.46	\$92.71
Prof - Psych	\$280	\$70	\$2.12	\$0.66	364	113	\$70.00	\$70.00
Prof - Specialist	\$5,270	\$1,469	\$39.92	\$13.86	2,182	1,585	\$219.59	\$104.96
Prof - Vision	\$757	\$923	\$5.73	\$8.71	1,000	1,358	\$68.81	\$76.91
Radiology	\$1,620	\$1,301	\$12.27	\$12.27	5,455	13,132	\$27.00	\$11.22
Transportation/Ambulance	\$2,981	\$596	\$22.58	\$5.62	2,364	3,396	\$114.66	\$19.87
Total	\$313,408	\$221,367	\$2,374.30	\$2,088.37				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	3,248	3,325						
Service Type								
DME/Supplies	\$399,994	\$376,938	\$123.15	\$113.36	10,216	9,185	\$144.66	\$148.11
FQHC / RHC	\$1,097	\$0	\$0.34	\$0.00	89	0	\$45.72	-
Home Health	\$157,744	\$145,354	\$48.57	\$43.72	388	354	\$1,502.32	\$1,483.20
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$896,766	\$1,223,164	\$276.10	\$367.87	262	235	\$12,630.50	\$18,817.90
IP - Psych	\$0	\$159	\$0.00	\$0.05	0	0	-	-
Lab	\$12,155	\$11,854	\$3.74	\$3.56	3,942	2,848	\$11.39	\$15.02
OP - Emergency Room & Related	\$93,937	\$79,921	\$28.92	\$24.04	1,275	1,115	\$272.28	\$258.64
OP - Other	\$517,124	\$607,659	\$159.21	\$182.75	3,214	4,057	\$594.40	\$540.62
Pharmacy	\$579,708	\$627,063	\$178.48	\$188.59	15,957	15,162	\$134.22	\$149.27
Prof - Anesthesia	\$29,141	\$36,661	\$8.97	\$11.03	510	740	\$211.17	\$178.84
Prof - Child EPSDT	\$5,841	\$5,894	\$1.80	\$1.77	1,962	1,444	\$11.00	\$14.73
Prof - Evaluation & Management	\$281,296	\$310,079	\$86.61	\$93.26	12,739	12,047	\$81.58	\$92.89
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$2,069,982	\$2,011,238	\$637.31	\$604.88	21,200	19,110	\$360.75	\$379.84
Prof - Psych	\$1,513	\$4,376	\$0.47	\$1.32	67	271	\$84.08	\$58.35
Prof - Specialist	\$65,482	\$76,243	\$20.16	\$22.93	1,027	1,011	\$235.55	\$272.30
Prof - Vision	\$21,687	\$14,864	\$6.68	\$4.47	905	603	\$88.52	\$89.01
Radiology	\$12,911	\$17,383	\$3.98	\$5.23	2,025	2,295	\$23.56	\$27.33
Transportation/Ambulance	\$27,003	\$19,421	\$8.31	\$5.84	3,573	1,689	\$27.92	\$41.50
Total	\$5,173,382	\$5,568,271	\$1,592.79	\$1,674.67				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	17,469	17,166						
Service Type								
DME/Supplies	\$449,807	\$481,436	\$25.75	\$28.05	1,818	1,883	\$169.93	\$178.71
FQHC / RHC	\$1,706	\$437	\$0.10	\$0.03	32	5	\$36.30	\$62.38
Home Health	\$32,892	\$15,551	\$1.88	\$0.91	10	22	\$2,192.79	\$501.65
IP - Maternity	\$29,311	\$51,000	\$1.68	\$2.97	8	10	\$2,664.64	\$3,642.88
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,740,258	\$1,328,518	\$271.35	\$77.39	89	61	\$36,463.52	\$15,270.32
IP - Psych	\$336,842	\$241,318	\$19.28	\$14.06	333	278	\$694.52	\$606.33
Lab	\$38,213	\$40,726	\$2.19	\$2.37	3,421	1,714	\$7.67	\$16.61
OP - Emergency Room & Related	\$361,394	\$280,836	\$20.69	\$16.36	810	661	\$306.53	\$297.18
OP - Other	\$1,193,243	\$1,112,235	\$68.31	\$64.79	1,257	1,354	\$652.05	\$574.21
Pharmacy	\$2,744,691	\$2,678,182	\$157.12	\$156.02	14,250	13,872	\$132.31	\$134.96
Prof - Anesthesia	\$54,427	\$40,025	\$3.12	\$2.33	172	159	\$217.71	\$175.55
Prof - Child EPSDT	\$6,250	\$4,507	\$0.36	\$0.26	371	226	\$11.57	\$13.91
Prof - Evaluation & Management	\$764,574	\$689,861	\$43.77	\$40.19	6,415	6,152	\$81.87	\$78.38
Prof - Maternity	\$8,771	\$19,960	\$0.50	\$1.16	19	31	\$324.85	\$453.63
Prof - Other	\$794,193	\$989,277	\$45.46	\$57.63	3,158	3,904	\$172.76	\$177.13
Prof - Psych	\$95,440	\$68,568	\$5.46	\$3.99	1,119	756	\$58.59	\$63.37
Prof - Specialist	\$143,057	\$100,874	\$8.19	\$5.88	503	457	\$195.43	\$154.24
Prof - Vision	\$46,261	\$46,761	\$2.65	\$2.72	473	327	\$67.24	\$99.92
Radiology	\$57,094	\$45,588	\$3.27	\$2.66	1,232	993	\$31.83	\$32.08
Transportation/Ambulance	\$135,513	\$92,502	\$7.76	\$5.39	1,833	961	\$50.79	\$67.32
Total	\$12,033,937	\$8,328,162	\$688.87	\$485.15				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	11,993	11,968						
Service Type								
DME/Supplies	\$159,108	\$150,461	\$13.27	\$12.57	1,298	1,218	\$122.67	\$123.84
FQHC / RHC	\$938	\$575	\$0.08	\$0.05	30	19	\$31.26	\$30.29
Home Health	\$28,249	\$19,858	\$2.36	\$1.66	105	66	\$269.04	\$300.88
IP - Maternity	\$202,460	\$208,028	\$16.88	\$17.38	40	54	\$5,061.49	\$3,852.37
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,494,532	\$2,691,153	\$208.00	\$224.86	258	238	\$9,668.73	\$11,355.08
IP - Psych	\$575,952	\$702,697	\$48.02	\$58.71	779	1,019	\$739.35	\$691.63
Lab	\$64,731	\$66,051	\$5.40	\$5.52	9,062	5,698	\$7.15	\$11.62
OP - Emergency Room & Related	\$1,078,877	\$888,611	\$89.96	\$74.25	2,759	2,775	\$391.32	\$321.03
OP - Other	\$956,409	\$830,402	\$79.75	\$69.39	1,324	1,391	\$722.91	\$598.70
Pharmacy	\$3,380,557	\$3,776,933	\$281.88	\$315.59	38,698	38,313	\$87.41	\$98.84
Prof - Anesthesia	\$47,856	\$34,499	\$3.99	\$2.88	283	273	\$169.10	\$126.84
Prof - Child EPSDT	\$3,450	\$3,710	\$0.29	\$0.31	322	377	\$10.71	\$9.87
Prof - Evaluation & Management	\$963,720	\$1,025,369	\$80.36	\$85.68	13,489	14,487	\$71.49	\$70.97
Prof - Maternity	\$55,136	\$62,548	\$4.60	\$5.23	102	143	\$540.55	\$437.40
Prof - Other	\$363,944	\$363,011	\$30.35	\$30.33	3,848	4,332	\$94.63	\$84.03
Prof - Psych	\$108,975	\$86,771	\$9.09	\$7.25	1,921	1,356	\$56.76	\$64.18
Prof - Specialist	\$228,925	\$226,813	\$19.09	\$18.95	1,737	1,728	\$131.87	\$131.64
Prof - Vision	\$27,564	\$30,603	\$2.30	\$2.56	246	290	\$112.05	\$105.89
Radiology	\$174,501	\$165,866	\$14.55	\$13.86	3,711	3,804	\$47.05	\$43.72
Transportation/Ambulance	\$215,615	\$190,723	\$17.98	\$15.94	11,626	5,925	\$18.56	\$32.28
Total	\$11,131,499	\$11,524,685	\$928.17	\$962.96				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	12,405	12,387						
Service Type								
DME/Supplies	\$298,118	\$208,165	\$24.03	\$16.81	1,375	1,222	\$209.79	\$165.08
FQHC / RHC	\$757	\$556	\$0.06	\$0.04	12	18	\$63.10	\$29.24
Home Health	\$31,534	\$40,118	\$2.54	\$3.24	57	86	\$534.48	\$450.77
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,258,802	\$2,123,150	\$182.09	\$171.40	158	180	\$13,857.68	\$11,414.79
IP - Psych	\$580,328	\$863,497	\$46.78	\$69.71	729	1,164	\$769.67	\$718.38
Lab	\$35,341	\$36,462	\$2.85	\$2.94	6,314	3,310	\$5.41	\$10.67
OP - Emergency Room & Related	\$501,685	\$480,129	\$40.44	\$38.76	1,257	1,405	\$386.21	\$331.12
OP - Other	\$928,298	\$821,039	\$74.83	\$66.28	773	1,073	\$1,161.83	\$741.01
Pharmacy	\$3,517,881	\$3,791,424	\$283.59	\$306.08	26,937	25,945	\$126.33	\$141.57
Prof - Anesthesia	\$28,989	\$16,831	\$2.34	\$1.36	131	129	\$214.74	\$126.55
Prof - Child EPSDT	\$3,541	\$6,554	\$0.29	\$0.53	323	235	\$10.60	\$26.97
Prof - Evaluation & Management	\$609,192	\$638,271	\$49.11	\$51.53	8,357	8,911	\$70.52	\$69.39
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$339,378	\$372,426	\$27.36	\$30.07	2,939	2,806	\$111.71	\$128.60
Prof - Psych	\$85,477	\$60,237	\$6.89	\$4.86	1,621	953	\$51.00	\$61.22
Prof - Specialist	\$191,722	\$131,411	\$15.46	\$10.61	968	1,022	\$191.53	\$124.56
Prof - Vision	\$17,914	\$18,173	\$1.44	\$1.47	128	122	\$135.71	\$144.23
Radiology	\$70,569	\$73,995	\$5.69	\$5.97	1,833	1,899	\$37.24	\$37.75
Transportation/Ambulance	\$114,860	\$144,409	\$9.26	\$11.66	9,261	4,845	\$12.00	\$28.88
Total	\$9,614,388	\$9,826,846	\$775.04	\$793.32				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	52,093	53,445						
Service Type								
DME/Supplies	\$1,228,532	\$957,976	\$23.58	\$17.92	2,235	1,875	\$126.63	\$114.74
FQHC / RHC	\$6,020	\$1,562	\$0.12	\$0.03	48	11	\$28.67	\$33.24
Home Health	\$269,994	\$298,569	\$5.18	\$5.59	181	193	\$343.50	\$347.58
IP - Maternity	\$6,796	\$0	\$0.13	\$0.00	0	0	\$6,795.98	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$16,335,213	\$16,249,535	\$313.58	\$304.04	324	322	\$11,609.96	\$11,323.72
IP - Psych	\$1,090,993	\$1,540,718	\$20.94	\$28.83	342	457	\$735.67	\$757.48
Lab	\$323,031	\$367,267	\$6.20	\$6.87	11,714	7,336	\$6.35	\$11.24
OP - Emergency Room & Related	\$2,727,061	\$2,587,015	\$52.35	\$48.41	1,245	1,274	\$504.73	\$455.86
OP - Other	\$5,464,104	\$6,288,623	\$104.89	\$117.67	1,678	1,987	\$750.25	\$710.58
Pharmacy	\$18,977,865	\$20,637,603	\$364.31	\$386.15	61,119	60,632	\$71.53	\$76.42
Prof - Anesthesia	\$271,981	\$224,597	\$5.22	\$4.20	368	394	\$170.41	\$128.05
Prof - Child EPSDT	\$20,415	\$22,314	\$0.39	\$0.42	489	494	\$9.62	\$10.15
Prof - Evaluation & Management	\$4,328,788	\$4,620,413	\$83.10	\$86.45	13,815	14,259	\$72.18	\$72.76
Prof - Maternity	\$1,998	\$2,036	\$0.04	\$0.04	0	0	\$999.21	\$2,035.54
Prof - Other	\$1,920,185	\$1,818,554	\$36.86	\$34.03	4,848	5,112	\$91.24	\$79.87
Prof - Psych	\$247,748	\$195,735	\$4.76	\$3.66	1,050	705	\$54.34	\$62.34
Prof - Specialist	\$1,443,231	\$1,528,407	\$27.70	\$28.60	2,455	2,664	\$135.43	\$128.84
Prof - Vision	\$294,778	\$321,935	\$5.66	\$6.02	905	924	\$75.03	\$78.23
Radiology	\$1,081,616	\$1,081,864	\$20.76	\$20.24	4,354	4,523	\$57.22	\$53.71
Transportation/Ambulance	\$632,478	\$664,834	\$12.14	\$12.44	7,741	4,877	\$18.82	\$30.61
Total	\$56,672,827	\$59,409,553	\$1,087.92	\$1,111.60				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Northern Virginia	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	97,340	98,397						
Service Type								
DME/Supplies	\$2,544,906	\$2,181,150	\$26.14	\$22.17	2,211	1,964	\$141.92	\$135.42
FQHC / RHC	\$10,519	\$3,130	\$0.11	\$0.03	40	11	\$32.57	\$34.02
Home Health	\$520,413	\$519,830	\$5.35	\$5.28	132	140	\$486.37	\$454.00
IP - Maternity	\$238,567	\$259,028	\$2.45	\$2.63	6	8	\$4,587.82	\$3,809.24
IP - Newborn	\$34,896	\$809	\$0.36	\$0.01	0	0	\$17,447.86	\$809.21
IP - Other	\$26,780,654	\$23,687,794	\$275.12	\$240.74	251	246	\$13,147.11	\$11,749.90
IP - Psych	\$2,584,115	\$3,348,390	\$26.55	\$34.03	432	567	\$738.11	\$720.08
Lab	\$473,802	\$522,679	\$4.87	\$5.31	8,939	5,491	\$6.53	\$11.61
OP - Emergency Room & Related	\$4,772,339	\$4,320,010	\$49.03	\$43.90	1,357	1,361	\$433.65	\$387.20
OP - Other	\$9,079,409	\$9,668,611	\$93.28	\$98.26	1,496	1,760	\$748.32	\$669.90
Pharmacy	\$29,277,290	\$31,559,008	\$300.77	\$320.73	44,022	43,810	\$81.99	\$87.85
Prof - Anesthesia	\$434,339	\$353,156	\$4.46	\$3.59	297	317	\$180.30	\$136.04
Prof - Child EPSDT	\$40,279	\$43,694	\$0.41	\$0.44	483	438	\$10.28	\$12.16
Prof - Evaluation & Management	\$6,965,239	\$7,345,834	\$71.56	\$74.66	11,723	12,154	\$73.24	\$73.71
Prof - Maternity	\$65,905	\$84,543	\$0.68	\$0.86	16	23	\$503.09	\$449.70
Prof - Other	\$5,563,922	\$5,568,505	\$57.16	\$56.59	4,747	5,002	\$144.49	\$135.77
Prof - Psych	\$539,434	\$415,757	\$5.54	\$4.23	1,209	809	\$55.01	\$62.67
Prof - Specialist	\$2,077,687	\$2,065,216	\$21.34	\$20.99	1,779	1,901	\$144.00	\$132.48
Prof - Vision	\$408,962	\$433,259	\$4.20	\$4.40	647	631	\$77.88	\$83.69
Radiology	\$1,398,312	\$1,385,996	\$14.37	\$14.09	3,317	3,423	\$51.96	\$49.37
Transportation/Ambulance	\$1,128,451	\$1,112,485	\$11.59	\$11.31	7,207	4,208	\$19.30	\$32.24
Total	\$94,939,440	\$94,878,883	\$975.34	\$964.25				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	72	63						
Service Type								
DME/Supplies	\$3,416	\$3,666	\$47.44	\$58.20	5,333	5,905	\$106.74	\$118.27
FQHC / RHC	\$335	\$0	\$4.65	\$0.00	2,167	0	\$25.77	-
Home Health	\$0	\$826	\$0.00	\$13.11	0	381	-	\$412.85
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$21,218	\$0	\$294.70	\$0.00	333	0	\$10,609.25	-
IP - Other	\$1,574	\$0	\$21.86	\$0.00	167	0	\$1,573.94	-
IP - Psych	\$1,241	\$1,283	\$17.24	\$20.36	0	0	-	-
Lab	\$289	\$43	\$4.01	\$0.69	3,833	571	\$12.56	\$14.49
OP - Emergency Room & Related	\$1,020	\$3,275	\$14.17	\$51.99	1,333	1,714	\$127.50	\$363.94
OP - Other	\$7,107	\$4,888	\$98.71	\$77.59	4,833	3,429	\$245.08	\$271.55
Pharmacy	\$42,205	\$14,735	\$586.18	\$233.89	16,500	19,239	\$426.31	\$145.88
Prof - Anesthesia	\$566	\$465	\$7.86	\$7.38	333	381	\$283.08	\$232.53
Prof - Child EPSDT	\$305	\$122	\$4.23	\$1.94	4,667	2,095	\$10.88	\$11.10
Prof - Evaluation & Management	\$11,113	\$15,873	\$154.34	\$251.96	21,500	38,095	\$86.14	\$79.37
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$13,407	\$53,009	\$186.21	\$841.41	14,500	19,048	\$154.10	\$530.09
Prof - Psych	\$245	\$253	\$3.41	\$4.02	0	0	-	-
Prof - Specialist	\$927	\$1,765	\$12.87	\$28.02	667	1,333	\$231.71	\$252.15
Prof - Vision	\$831	\$353	\$11.55	\$5.60	1,833	571	\$75.57	\$117.63
Radiology	\$288	\$201	\$4.00	\$3.19	2,333	3,810	\$20.57	\$10.04
Transportation/Ambulance	\$742	\$1,011	\$10.31	\$16.04	2,500	8,000	\$49.47	\$24.06
Total	\$106,829	\$101,769	\$1,483.74	\$1,615.38				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	2,802	2,540						
Service Type								
DME/Supplies	\$207,206	\$169,660	\$73.95	\$66.80	5,426	6,387	\$163.54	\$125.49
FQHC / RHC	\$25,070	\$29,096	\$8.95	\$11.46	2,381	2,178	\$45.09	\$63.11
Home Health	\$1,571	\$16,798	\$0.56	\$6.61	26	132	\$261.84	\$599.93
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$247,857	\$792,561	\$88.46	\$312.03	210	194	\$5,058.32	\$19,330.76
IP - Psych	\$54,129	\$52,575	\$19.32	\$20.70	0	0	-	-
Lab	\$10,648	\$7,621	\$3.80	\$3.00	3,439	2,528	\$13.26	\$14.25
OP - Emergency Room & Related	\$35,742	\$47,885	\$12.76	\$18.85	951	1,054	\$161.00	\$214.73
OP - Other	\$478,943	\$483,637	\$170.93	\$190.41	2,240	3,369	\$915.76	\$678.31
Pharmacy	\$358,725	\$419,265	\$128.02	\$165.07	12,861	12,959	\$119.46	\$152.85
Prof - Anesthesia	\$18,142	\$13,766	\$6.47	\$5.42	514	402	\$151.19	\$161.96
Prof - Child EPSDT	\$2,196	\$1,852	\$0.78	\$0.73	929	798	\$10.12	\$10.96
Prof - Evaluation & Management	\$127,158	\$144,508	\$45.38	\$56.89	7,276	8,405	\$74.84	\$81.23
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$845,932	\$608,484	\$301.90	\$239.56	14,437	14,891	\$250.94	\$193.05
Prof - Psych	\$12,926	\$12,608	\$4.61	\$4.96	236	184	\$235.02	\$323.28
Prof - Specialist	\$20,823	\$36,276	\$7.43	\$14.28	540	770	\$165.26	\$222.55
Prof - Vision	\$7,599	\$8,327	\$2.71	\$3.28	351	354	\$92.67	\$111.02
Radiology	\$15,021	\$12,010	\$5.36	\$4.73	1,469	1,767	\$43.79	\$32.11
Transportation/Ambulance	\$34,229	\$34,418	\$12.22	\$13.55	3,782	3,992	\$38.76	\$40.73
Total	\$2,503,919	\$2,891,348	\$893.62	\$1,138.33				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	19,685	19,688						
Service Type								
DME/Supplies	\$238,260	\$188,442	\$12.10	\$9.57	988	1,037	\$147.07	\$110.72
FQHC / RHC	\$87,423	\$109,551	\$4.44	\$5.56	1,105	1,111	\$48.25	\$60.09
Home Health	\$2,426	\$1,710	\$0.12	\$0.09	5	2	\$303.30	\$427.47
IP - Maternity	\$128,576	\$44,835	\$6.53	\$2.28	6	10	\$12,857.59	\$2,637.38
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$549,734	\$1,074,966	\$27.93	\$54.60	46	52	\$7,233.34	\$12,499.61
IP - Psych	\$591,872	\$534,634	\$30.07	\$27.16	287	368	\$1,256.63	\$885.16
Lab	\$71,866	\$64,065	\$3.65	\$3.25	2,980	2,488	\$14.70	\$15.69
OP - Emergency Room & Related	\$232,874	\$213,215	\$11.83	\$10.83	629	570	\$225.65	\$228.04
OP - Other	\$506,260	\$548,669	\$25.72	\$27.87	784	836	\$393.67	\$400.20
Pharmacy	\$2,883,465	\$3,036,615	\$146.48	\$154.24	16,458	16,340	\$106.80	\$113.27
Prof - Anesthesia	\$19,488	\$22,154	\$0.99	\$1.13	82	90	\$145.43	\$149.69
Prof - Child EPSDT	\$8,392	\$4,150	\$0.43	\$0.21	292	211	\$17.52	\$12.00
Prof - Evaluation & Management	\$526,468	\$585,971	\$26.74	\$29.76	4,603	4,885	\$69.72	\$73.12
Prof - Maternity	\$13,851	\$26,943	\$0.70	\$1.37	15	29	\$554.02	\$561.32
Prof - Other	\$779,774	\$1,186,982	\$39.61	\$60.29	3,061	3,577	\$155.30	\$202.28
Prof - Psych	\$186,129	\$150,527	\$9.46	\$7.65	1,802	1,090	\$62.97	\$84.19
Prof - Specialist	\$66,373	\$91,612	\$3.37	\$4.65	458	496	\$88.26	\$112.55
Prof - Vision	\$42,131	\$49,996	\$2.14	\$2.54	398	322	\$64.52	\$94.51
Radiology	\$52,802	\$49,304	\$2.68	\$2.50	933	889	\$34.49	\$33.82
Transportation/Ambulance	\$157,765	\$189,365	\$8.01	\$9.62	4,755	4,149	\$20.23	\$27.82
Total	\$7,145,926	\$8,173,707	\$363.01	\$415.16				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	11,648	11,806						
Service Type								
DME/Supplies	\$208,161	\$165,743	\$17.87	\$14.04	1,794	1,499	\$119.56	\$112.37
FQHC / RHC	\$118,497	\$77,222	\$10.17	\$6.54	2,538	1,632	\$48.09	\$48.08
Home Health	\$20,411	\$7,122	\$1.75	\$0.60	53	22	\$400.21	\$323.71
IP - Maternity	\$106,836	\$238,620	\$9.17	\$20.21	39	76	\$2,811.47	\$3,181.59
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,987,002	\$2,014,235	\$170.59	\$170.61	206	176	\$9,935.01	\$11,642.98
IP - Psych	\$539,215	\$482,750	\$46.29	\$40.89	693	553	\$801.21	\$887.41
Lab	\$193,438	\$164,966	\$16.61	\$13.97	10,883	8,862	\$18.31	\$18.92
OP - Emergency Room & Related	\$677,514	\$569,240	\$58.17	\$48.22	2,399	2,107	\$290.90	\$274.60
OP - Other	\$969,168	\$1,162,825	\$83.20	\$98.49	2,051	2,421	\$486.77	\$488.17
Pharmacy	\$3,147,818	\$3,425,006	\$270.25	\$290.11	49,946	47,917	\$64.93	\$72.65
Prof - Anesthesia	\$27,444	\$26,560	\$2.36	\$2.25	191	194	\$148.35	\$139.06
Prof - Child EPSDT	\$7,811	\$7,261	\$0.67	\$0.62	647	629	\$12.44	\$11.73
Prof - Evaluation & Management	\$699,716	\$765,735	\$60.07	\$64.86	11,070	11,260	\$65.12	\$69.12
Prof - Maternity	\$56,648	\$90,717	\$4.86	\$7.68	182	206	\$320.05	\$446.88
Prof - Other	\$250,584	\$232,587	\$21.51	\$19.70	4,310	4,178	\$59.89	\$56.59
Prof - Psych	\$104,944	\$91,228	\$9.01	\$7.73	1,874	1,406	\$57.69	\$65.96
Prof - Specialist	\$187,994	\$181,845	\$16.14	\$15.40	1,920	2,047	\$100.86	\$90.29
Prof - Vision	\$26,542	\$30,859	\$2.28	\$2.61	330	326	\$82.94	\$96.13
Radiology	\$162,223	\$165,499	\$13.93	\$14.02	3,834	3,835	\$43.58	\$43.86
Transportation/Ambulance	\$270,428	\$263,574	\$23.22	\$22.33	8,934	9,375	\$31.18	\$28.58
Total	\$9,762,394	\$10,163,592	\$838.12	\$860.88				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	9,684	9,919						
Service Type								
DME/Supplies	\$394,801	\$233,537	\$40.77	\$23.54	2,207	1,955	\$221.67	\$144.52
FQHC / RHC	\$33,608	\$23,481	\$3.47	\$2.37	902	668	\$46.16	\$42.54
Home Health	\$12,194	\$16,746	\$1.26	\$1.69	41	58	\$369.51	\$348.87
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,037,928	\$2,643,014	\$210.44	\$266.46	245	232	\$10,292.56	\$13,765.70
IP - Psych	\$298,239	\$488,180	\$30.80	\$49.22	542	811	\$682.47	\$728.63
Lab	\$67,133	\$55,632	\$6.93	\$5.61	5,323	3,881	\$15.63	\$17.34
OP - Emergency Room & Related	\$340,988	\$371,037	\$35.21	\$37.41	1,559	1,495	\$271.06	\$300.19
OP - Other	\$477,702	\$672,849	\$49.33	\$67.83	1,454	1,656	\$407.25	\$491.49
Pharmacy	\$2,442,768	\$2,932,979	\$252.25	\$295.69	31,330	30,155	\$96.62	\$117.67
Prof - Anesthesia	\$14,990	\$15,246	\$1.55	\$1.54	104	121	\$178.45	\$152.46
Prof - Child EPSDT	\$3,964	\$2,811	\$0.41	\$0.28	265	196	\$18.53	\$17.35
Prof - Evaluation & Management	\$418,927	\$458,491	\$43.26	\$46.22	7,672	7,842	\$67.67	\$70.73
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$291,484	\$465,372	\$30.10	\$46.92	2,678	2,760	\$134.88	\$204.02
Prof - Psych	\$68,842	\$53,893	\$7.11	\$5.43	1,285	737	\$66.39	\$88.49
Prof - Specialist	\$107,694	\$122,791	\$11.12	\$12.38	1,338	1,255	\$99.72	\$118.41
Prof - Vision	\$19,933	\$23,555	\$2.06	\$2.37	228	243	\$108.33	\$117.19
Radiology	\$61,420	\$65,804	\$6.34	\$6.63	2,403	2,507	\$31.68	\$31.76
Transportation/Ambulance	\$151,189	\$167,367	\$15.61	\$16.87	8,602	9,528	\$21.78	\$21.25
Total	\$7,243,804	\$8,812,787	\$748.02	\$888.48				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	30,883	32,292						
Service Type								
DME/Supplies	\$1,048,959	\$1,128,486	\$33.97	\$34.95	4,172	4,283	\$97.69	\$97.92
FQHC / RHC	\$412,871	\$227,324	\$13.37	\$7.04	2,902	1,921	\$55.29	\$43.98
Home Health	\$150,492	\$200,906	\$4.87	\$6.22	197	229	\$296.83	\$325.62
IP - Maternity	\$2,321	\$0	\$0.08	\$0.00	0	0	\$2,320.83	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$10,553,105	\$9,760,141	\$341.71	\$302.25	410	347	\$10,002.94	\$10,449.83
IP - Psych	\$957,767	\$1,016,179	\$31.01	\$31.47	337	387	\$1,103.42	\$976.16
Lab	\$498,178	\$438,605	\$16.13	\$13.58	11,593	9,663	\$16.70	\$16.87
OP - Emergency Room & Related	\$1,442,356	\$1,284,554	\$46.70	\$39.78	1,297	1,175	\$432.23	\$406.38
OP - Other	\$3,813,295	\$4,018,423	\$123.48	\$124.44	3,061	3,246	\$484.04	\$460.09
Pharmacy	\$11,530,612	\$13,047,817	\$373.36	\$404.06	78,949	78,088	\$56.75	\$62.09
Prof - Anesthesia	\$96,513	\$96,848	\$3.13	\$3.00	238	244	\$157.70	\$147.63
Prof - Child EPSDT	\$18,698	\$22,917	\$0.61	\$0.71	920	792	\$7.90	\$10.75
Prof - Evaluation & Management	\$2,224,380	\$2,336,242	\$72.03	\$72.35	12,712	12,426	\$67.99	\$69.87
Prof - Maternity	\$1,388	\$0	\$0.04	\$0.00	2	0	\$346.90	-
Prof - Other	\$1,247,949	\$1,574,558	\$40.41	\$48.76	6,399	6,570	\$75.78	\$89.06
Prof - Psych	\$172,984	\$151,594	\$5.60	\$4.69	847	484	\$79.39	\$116.43
Prof - Specialist	\$1,010,394	\$864,717	\$32.72	\$26.78	3,349	3,163	\$117.22	\$101.59
Prof - Vision	\$128,898	\$142,696	\$4.17	\$4.42	671	663	\$74.64	\$80.03
Radiology	\$542,770	\$559,304	\$17.58	\$17.32	5,035	4,771	\$41.89	\$43.56
Transportation/Ambulance	\$790,061	\$794,607	\$25.58	\$24.61	12,890	12,064	\$23.82	\$24.48
Total	\$36,643,991	\$37,665,917	\$1,186.54	\$1,166.42				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Other MSA	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	74,774	76,308						
Service Type								
DME/Supplies	\$2,100,803	\$1,889,533	\$28.10	\$24.76	2,757	2,784	\$122.29	\$106.75
FQHC / RHC	\$677,804	\$466,675	\$9.06	\$6.12	2,093	1,511	\$51.97	\$48.56
Home Health	\$187,094	\$244,107	\$2.50	\$3.20	97	113	\$309.25	\$338.57
IP - Maternity	\$237,732	\$283,455	\$3.18	\$3.71	8	14	\$4,851.68	\$3,081.03
IP - Newborn	\$21,218	\$0	\$0.28	\$0.00	0	0	\$10,609.25	-
IP - Other	\$15,377,199	\$16,284,917	\$205.65	\$213.41	253	224	\$9,738.57	\$11,420.00
IP - Psych	\$2,442,464	\$2,575,601	\$32.66	\$33.75	393	450	\$997.33	\$900.87
Lab	\$841,553	\$730,933	\$11.25	\$9.58	8,090	6,691	\$16.69	\$17.18
OP - Emergency Room & Related	\$2,730,493	\$2,489,206	\$36.52	\$32.62	1,314	1,201	\$333.56	\$325.94
OP - Other	\$6,252,476	\$6,891,291	\$83.62	\$90.31	2,067	2,294	\$485.44	\$472.43
Pharmacy	\$20,405,592	\$22,876,418	\$272.90	\$299.79	49,276	49,042	\$66.46	\$73.36
Prof - Anesthesia	\$177,144	\$175,039	\$2.37	\$2.29	182	186	\$155.80	\$148.09
Prof - Child EPSDT	\$41,366	\$39,114	\$0.55	\$0.51	631	541	\$10.51	\$11.37
Prof - Evaluation & Management	\$4,007,761	\$4,306,820	\$53.60	\$56.44	9,474	9,591	\$67.89	\$70.61
Prof - Maternity	\$71,887	\$117,660	\$0.96	\$1.54	33	39	\$348.96	\$468.76
Prof - Other	\$3,429,130	\$4,120,991	\$45.86	\$54.00	5,022	5,220	\$109.58	\$124.16
Prof - Psych	\$546,070	\$460,104	\$7.30	\$6.03	1,291	805	\$67.87	\$89.85
Prof - Specialist	\$1,394,205	\$1,299,007	\$18.65	\$17.02	1,997	1,973	\$112.02	\$103.53
Prof - Vision	\$225,934	\$255,786	\$3.02	\$3.35	478	458	\$75.89	\$87.84
Radiology	\$834,523	\$852,122	\$11.16	\$11.17	3,291	3,230	\$40.70	\$41.49
Transportation/Ambulance	\$1,404,415	\$1,450,342	\$18.78	\$19.01	9,226	9,004	\$24.43	\$25.33
Total	\$63,406,864	\$67,809,120	\$847.98	\$888.62				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	86	102						
Service Type								
DME/Supplies	\$4,959	\$6,420	\$57.66	\$62.94	8,791	7,059	\$78.71	\$107.00
FQHC / RHC	\$0	\$83	\$0.00	\$0.82	0	118	-	\$83.28
Home Health	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$2,378	\$0.00	\$23.31	0	235	-	\$1,188.89
IP - Other	\$26,711	\$30,459	\$310.59	\$298.62	140	235	\$26,710.62	\$15,229.71
IP - Psych	\$1,655	\$2,040	\$19.24	\$20.00	0	0	-	-
Lab	\$238	\$183	\$2.76	\$1.80	4,047	2,824	\$8.19	\$7.64
OP - Emergency Room & Related	\$3,061	\$1,280	\$35.59	\$12.55	1,116	1,529	\$382.58	\$98.50
OP - Other	\$10,055	\$3,514	\$116.92	\$34.45	6,698	3,882	\$209.48	\$106.49
Pharmacy	\$34,829	\$6,849	\$404.99	\$67.15	6,140	8,706	\$791.57	\$92.56
Prof - Anesthesia	\$377	\$971	\$4.38	\$9.52	140	941	\$377.06	\$121.33
Prof - Child EPSDT	\$309	\$461	\$3.59	\$4.52	3,907	4,471	\$11.04	\$12.13
Prof - Evaluation & Management	\$5,231	\$8,721	\$60.83	\$85.50	10,605	14,353	\$68.83	\$71.48
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$12,484	\$60,988	\$145.17	\$597.92	5,163	21,647	\$337.42	\$331.46
Prof - Psych	\$367	\$403	\$4.26	\$3.95	140	0	\$366.62	-
Prof - Specialist	\$551	\$1,899	\$6.41	\$18.62	837	1,176	\$91.86	\$189.91
Prof - Vision	\$80	\$440	\$0.93	\$4.32	0	706	-	\$73.41
Radiology	\$185	\$174	\$2.15	\$1.70	1,256	1,647	\$20.53	\$12.40
Transportation/Ambulance	\$249	\$475	\$2.90	\$4.66	1,535	5,882	\$22.66	\$9.51
Total	\$101,341	\$127,739	\$1,178.38	\$1,252.35				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	4,926	4,471						
Service Type								
DME/Supplies	\$540,563	\$385,918	\$109.74	\$86.32	9,167	7,255	\$143.65	\$142.77
FQHC / RHC	\$2,268	\$683	\$0.46	\$0.15	93	35	\$59.67	\$52.53
Home Health	\$964,824	\$798,276	\$195.86	\$178.55	721	488	\$3,259.54	\$4,386.13
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,177,166	\$539,729	\$238.97	\$120.72	280	183	\$10,236.22	\$7,937.19
IP - Psych	\$90,064	\$99,483	\$18.28	\$22.25	10	48	\$22,515.96	\$5,526.81
Lab	\$15,530	\$12,830	\$3.15	\$2.87	4,253	2,504	\$8.89	\$13.75
OP - Emergency Room & Related	\$143,976	\$135,336	\$29.23	\$30.27	1,284	1,240	\$273.20	\$292.93
OP - Other	\$848,188	\$800,164	\$172.19	\$178.97	5,664	5,848	\$364.81	\$367.22
Pharmacy	\$525,534	\$570,736	\$106.69	\$127.65	13,632	13,227	\$93.91	\$115.81
Prof - Anesthesia	\$26,029	\$20,556	\$5.28	\$4.60	314	365	\$201.78	\$151.15
Prof - Child EPSDT	\$5,977	\$5,113	\$1.21	\$1.14	1,323	1,122	\$11.01	\$12.23
Prof - Evaluation & Management	\$306,260	\$269,565	\$62.17	\$60.29	10,144	9,576	\$73.55	\$75.55
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$555,082	\$784,473	\$112.68	\$175.46	6,580	8,790	\$205.51	\$239.53
Prof - Psych	\$30,387	\$25,539	\$6.17	\$5.71	748	499	\$98.98	\$137.31
Prof - Specialist	\$81,288	\$60,417	\$16.50	\$13.51	901	824	\$219.70	\$196.80
Prof - Vision	\$10,005	\$11,764	\$2.03	\$2.63	319	290	\$76.38	\$108.92
Radiology	\$13,602	\$13,306	\$2.76	\$2.98	1,661	1,680	\$19.94	\$21.26
Transportation/Ambulance	\$29,606	\$49,741	\$6.01	\$11.13	2,811	3,296	\$25.66	\$40.51
Total	\$5,366,349	\$4,583,629	\$1,089.39	\$1,025.19				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	53,321	51,519						
Service Type								
DME/Supplies	\$715,344	\$785,813	\$13.42	\$15.25	1,204	1,329	\$133.66	\$137.77
FQHC / RHC	\$34,939	\$15,523	\$0.66	\$0.30	162	76	\$48.53	\$47.76
Home Health	\$124,764	\$152,224	\$2.34	\$2.95	26	21	\$1,084.91	\$1,691.38
IP - Maternity	\$196,943	\$162,458	\$3.69	\$3.15	16	12	\$2,773.84	\$3,065.25
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,682,208	\$3,821,139	\$69.06	\$74.17	70	64	\$11,839.90	\$13,895.05
IP - Psych	\$1,471,913	\$1,671,301	\$27.60	\$32.44	338	399	\$980.62	\$975.66
Lab	\$118,943	\$117,752	\$2.23	\$2.29	3,002	1,889	\$8.92	\$14.52
OP - Emergency Room & Related	\$1,127,070	\$1,065,821	\$21.14	\$20.69	899	841	\$282.05	\$295.16
OP - Other	\$1,958,616	\$2,434,936	\$36.73	\$47.26	1,262	1,441	\$349.19	\$393.68
Pharmacy	\$6,587,681	\$6,958,744	\$123.55	\$135.07	14,591	14,060	\$101.61	\$115.29
Prof - Anesthesia	\$74,580	\$74,320	\$1.40	\$1.44	84	103	\$200.48	\$168.53
Prof - Child EPSDT	\$14,115	\$13,305	\$0.26	\$0.26	233	180	\$13.64	\$17.23
Prof - Evaluation & Management	\$1,535,309	\$1,585,078	\$28.79	\$30.77	4,941	5,261	\$69.93	\$70.18
Prof - Maternity	\$94,311	\$87,829	\$1.77	\$1.70	36	24	\$585.79	\$852.70
Prof - Other	\$1,572,603	\$1,607,605	\$29.49	\$31.20	2,230	2,520	\$158.67	\$148.58
Prof - Psych	\$452,451	\$362,343	\$8.49	\$7.03	1,718	1,138	\$59.28	\$74.14
Prof - Specialist	\$251,038	\$307,938	\$4.71	\$5.98	380	392	\$148.81	\$182.97
Prof - Vision	\$85,836	\$96,099	\$1.61	\$1.87	397	247	\$48.72	\$90.66
Radiology	\$119,339	\$115,189	\$2.24	\$2.24	1,019	987	\$26.35	\$27.19
Transportation/Ambulance	\$316,069	\$276,441	\$5.93	\$5.37	3,017	2,031	\$23.57	\$31.71
Total	\$20,534,072	\$21,711,858	\$385.10	\$421.43				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	28,311	28,601						
Service Type								
DME/Supplies	\$563,739	\$472,892	\$19.91	\$16.53	1,893	1,464	\$126.26	\$135.54
FQHC / RHC	\$85,965	\$55,070	\$3.04	\$1.93	639	376	\$57.01	\$61.39
Home Health	\$48,642	\$59,012	\$1.72	\$2.06	81	109	\$253.35	\$227.85
IP - Maternity	\$480,734	\$606,204	\$16.98	\$21.20	69	73	\$2,967.49	\$3,504.07
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$5,144,184	\$7,158,707	\$181.70	\$250.30	238	248	\$9,153.35	\$12,112.87
IP - Psych	\$1,526,411	\$1,873,347	\$53.92	\$65.50	1,067	1,215	\$606.44	\$646.87
Lab	\$247,629	\$237,032	\$8.75	\$8.29	8,948	6,133	\$11.73	\$16.22
OP - Emergency Room & Related	\$2,625,253	\$2,393,708	\$92.73	\$83.69	2,907	2,800	\$382.80	\$358.72
OP - Other	\$2,628,301	\$2,698,318	\$92.84	\$94.34	2,337	2,418	\$476.66	\$468.21
Pharmacy	\$7,418,358	\$7,131,851	\$262.03	\$249.36	44,354	42,402	\$70.89	\$70.57
Prof - Anesthesia	\$98,622	\$95,451	\$3.48	\$3.34	228	275	\$183.31	\$145.50
Prof - Child EPSDT	\$15,600	\$15,296	\$0.55	\$0.53	386	265	\$17.14	\$24.20
Prof - Evaluation & Management	\$1,966,840	\$2,146,398	\$69.47	\$75.05	12,430	13,391	\$67.07	\$67.25
Prof - Maternity	\$229,223	\$247,024	\$8.10	\$8.64	175	154	\$553.68	\$674.93
Prof - Other	\$714,413	\$808,479	\$25.23	\$28.27	3,766	3,725	\$80.42	\$91.07
Prof - Psych	\$290,542	\$220,555	\$10.26	\$7.71	2,562	1,480	\$48.06	\$62.52
Prof - Specialist	\$546,104	\$538,879	\$19.29	\$18.84	1,399	1,355	\$165.49	\$166.84
Prof - Vision	\$43,431	\$58,028	\$1.53	\$2.03	232	221	\$79.40	\$110.11
Radiology	\$338,363	\$340,350	\$11.95	\$11.90	4,070	4,201	\$35.24	\$33.99
Transportation/Ambulance	\$588,489	\$537,128	\$20.79	\$18.78	13,737	10,244	\$18.16	\$22.00
Total	\$25,600,843	\$27,693,729	\$904.27	\$968.28				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	24,098	25,450						
Service Type								
DME/Supplies	\$439,163	\$380,944	\$18.22	\$14.97	1,727	1,539	\$126.60	\$116.75
FQHC / RHC	\$68,508	\$34,317	\$2.84	\$1.35	416	202	\$82.05	\$79.99
Home Health	\$49,914	\$49,636	\$2.07	\$1.95	110	88	\$226.88	\$265.43
IP - Maternity	\$0	\$7,304	\$0.00	\$0.29	0	0	-	\$7,303.66
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,498,722	\$3,962,241	\$186.68	\$155.69	172	182	\$13,002.09	\$10,238.35
IP - Psych	\$1,492,922	\$1,269,870	\$61.95	\$49.90	1,091	1,084	\$681.39	\$552.12
Lab	\$68,959	\$61,821	\$2.86	\$2.43	4,202	2,508	\$8.17	\$11.62
OP - Emergency Room & Related	\$1,183,213	\$1,232,246	\$49.10	\$48.42	1,670	1,514	\$352.78	\$383.88
OP - Other	\$1,570,859	\$1,811,953	\$65.19	\$71.20	1,361	1,480	\$574.56	\$577.24
Pharmacy	\$4,847,824	\$5,404,817	\$201.17	\$212.37	26,428	24,890	\$91.34	\$102.39
Prof - Anesthesia	\$42,736	\$33,156	\$1.77	\$1.30	136	110	\$156.54	\$142.30
Prof - Child EPSDT	\$3,015	\$13,451	\$0.13	\$0.53	143	251	\$10.51	\$25.24
Prof - Evaluation & Management	\$1,011,321	\$1,062,788	\$41.97	\$41.76	7,592	7,587	\$66.33	\$66.05
Prof - Maternity	\$0	\$1,475	\$0.00	\$0.06	0	1	-	\$491.58
Prof - Other	\$991,179	\$904,829	\$41.13	\$35.55	2,599	2,201	\$189.88	\$193.80
Prof - Psych	\$188,965	\$141,922	\$7.84	\$5.58	1,601	794	\$58.76	\$84.28
Prof - Specialist	\$315,878	\$299,572	\$13.11	\$11.77	903	806	\$174.23	\$175.29
Prof - Vision	\$40,680	\$39,133	\$1.69	\$1.54	177	159	\$114.59	\$115.78
Radiology	\$133,298	\$131,812	\$5.53	\$5.18	2,202	2,042	\$30.14	\$30.43
Transportation/Ambulance	\$418,214	\$355,491	\$17.35	\$13.97	16,031	11,136	\$12.99	\$15.05
Total	\$17,365,369	\$17,198,778	\$720.61	\$675.79				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	72,738	75,523						
Service Type								
DME/Supplies	\$2,337,729	\$2,014,468	\$32.14	\$26.67	3,538	3,250	\$109.00	\$98.50
FQHC / RHC	\$301,790	\$243,991	\$4.15	\$3.23	1,005	690	\$49.55	\$56.15
Home Health	\$490,821	\$400,817	\$6.75	\$5.31	278	246	\$291.12	\$259.26
IP - Maternity	\$0	\$4,804	\$0.00	\$0.06	0	0	-	\$4,804.06
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$30,462,380	\$30,813,432	\$418.80	\$408.00	407	383	\$12,337.94	\$12,785.66
IP - Psych	\$3,305,088	\$3,880,499	\$45.44	\$51.38	878	875	\$621.02	\$704.65
Lab	\$516,147	\$522,008	\$7.10	\$6.91	9,331	6,376	\$9.13	\$13.01
OP - Emergency Room & Related	\$5,042,445	\$4,571,163	\$69.32	\$60.53	1,584	1,519	\$525.15	\$478.21
OP - Other	\$11,186,164	\$11,754,732	\$153.79	\$155.64	3,643	4,031	\$506.55	\$463.33
Pharmacy	\$27,752,857	\$30,561,798	\$381.55	\$404.67	72,252	72,191	\$63.37	\$67.27
Prof - Anesthesia	\$300,626	\$260,492	\$4.13	\$3.45	259	291	\$191.85	\$142.11
Prof - Child EPSDT	\$29,838	\$30,908	\$0.41	\$0.41	476	467	\$10.35	\$10.53
Prof - Evaluation & Management	\$6,002,925	\$6,257,976	\$82.53	\$82.86	14,451	14,362	\$68.53	\$69.23
Prof - Maternity	\$207	\$1,458	\$0.00	\$0.02	0	0	\$103.52	\$729.25
Prof - Other	\$3,147,423	\$3,054,823	\$43.27	\$40.45	5,120	4,710	\$101.42	\$103.05
Prof - Psych	\$566,781	\$423,066	\$7.79	\$5.60	1,596	788	\$58.58	\$85.30
Prof - Specialist	\$2,386,790	\$2,329,639	\$32.81	\$30.85	2,292	2,139	\$171.82	\$173.08
Prof - Vision	\$258,355	\$302,775	\$3.55	\$4.01	604	606	\$70.57	\$79.32
Radiology	\$1,115,562	\$1,069,899	\$15.34	\$14.17	5,211	4,938	\$35.32	\$34.43
Transportation/Ambulance	\$1,625,226	\$1,513,579	\$22.34	\$20.04	23,089	17,601	\$11.61	\$13.66
Total	\$96,829,153	\$100,012,327	\$1,331.20	\$1,324.26				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Richmond/Charlottesville	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	183,480	185,666						
Service Type								
DME/Supplies	\$4,601,496	\$4,046,455	\$25.08	\$21.79	2,522	2,305	\$119.34	\$113.44
FQHC / RHC	\$493,470	\$349,666	\$2.69	\$1.88	601	388	\$53.69	\$58.18
Home Health	\$1,678,965	\$1,459,964	\$9.15	\$7.86	164	146	\$669.18	\$644.86
IP - Maternity	\$677,677	\$780,770	\$3.69	\$4.21	15	15	\$2,908.49	\$3,424.43
IP - Newborn	\$0	\$2,378	\$0.00	\$0.01	0	0	-	\$1,188.89
IP - Other	\$44,991,370	\$46,325,708	\$245.21	\$249.51	249	241	\$11,827.38	\$12,409.78
IP - Psych	\$7,888,053	\$8,796,539	\$42.99	\$47.38	754	804	\$683.84	\$707.46
Lab	\$967,444	\$951,627	\$5.27	\$5.13	6,620	4,468	\$9.56	\$13.77
OP - Emergency Room & Related	\$10,125,017	\$9,399,554	\$55.18	\$50.63	1,592	1,521	\$415.90	\$399.51
OP - Other	\$18,202,183	\$19,503,616	\$99.21	\$105.05	2,506	2,758	\$475.09	\$457.09
Pharmacy	\$47,167,083	\$50,634,796	\$257.07	\$272.72	43,567	43,533	\$70.81	\$75.18
Prof - Anesthesia	\$542,970	\$484,946	\$2.96	\$2.61	188	214	\$188.53	\$146.64
Prof - Child EPSDT	\$68,853	\$78,533	\$0.38	\$0.42	372	344	\$12.11	\$14.74
Prof - Evaluation & Management	\$10,827,887	\$11,330,527	\$59.01	\$61.03	10,357	10,643	\$68.37	\$68.81
Prof - Maternity	\$323,742	\$337,786	\$1.76	\$1.82	38	31	\$561.08	\$712.63
Prof - Other	\$6,993,184	\$7,221,198	\$38.11	\$38.89	3,779	3,714	\$121.01	\$125.65
Prof - Psych	\$1,529,492	\$1,173,828	\$8.34	\$6.32	1,758	985	\$56.90	\$77.00
Prof - Specialist	\$3,581,650	\$3,538,345	\$19.52	\$19.06	1,378	1,318	\$170.01	\$173.46
Prof - Vision	\$438,388	\$508,239	\$2.39	\$2.74	422	378	\$67.90	\$86.79
Radiology	\$1,720,350	\$1,670,730	\$9.38	\$9.00	3,324	3,251	\$33.85	\$33.22
Transportation/Ambulance	\$2,977,853	\$2,732,855	\$16.23	\$14.72	14,332	10,910	\$13.59	\$16.19
Total	\$165,797,127	\$171,328,060	\$903.63	\$922.78				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	103	57						
Service Type								
DME/Supplies	\$9,998	\$5,892	\$97.06	\$103.37	13,282	15,789	\$87.70	\$78.56
FQHC / RHC	\$349	\$113	\$3.39	\$1.99	816	1,053	\$49.89	\$22.66
Home Health	\$17,816	\$0	\$172.97	\$0.00	932	0	\$2,227.00	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$156,586	\$0.00	\$2,747.12	0	211	-	\$156,586.02
IP - Other	\$298,662	\$160,464	\$2,899.63	\$2,815.16	350	421	\$99,554.01	\$80,232.11
IP - Psych	\$1,252	\$517	\$12.16	\$9.06	0	0	-	-
Lab	\$491	\$122	\$4.77	\$2.13	6,058	1,895	\$9.45	\$13.50
OP - Emergency Room & Related	\$10,208	\$812	\$99.10	\$14.25	3,029	842	\$392.60	\$203.01
OP - Other	\$8,819	\$6,848	\$85.62	\$120.14	5,010	12,421	\$205.08	\$116.07
Pharmacy	\$88,802	\$37,938	\$862.15	\$665.57	25,748	14,761	\$401.82	\$541.07
Prof - Anesthesia	\$1,163	\$3,257	\$11.30	\$57.15	583	1,895	\$232.69	\$361.92
Prof - Child EPSDT	\$541	\$283	\$5.25	\$4.97	5,359	4,421	\$11.76	\$13.49
Prof - Evaluation & Management	\$37,117	\$22,070	\$360.36	\$387.19	39,728	43,158	\$108.85	\$107.66
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$11,464	\$25,279	\$111.30	\$443.49	13,282	25,474	\$100.56	\$208.92
Prof - Psych	\$248	\$102	\$2.40	\$1.79	0	0	-	-
Prof - Specialist	\$3,346	\$6,509	\$32.49	\$114.19	1,981	4,000	\$196.85	\$342.58
Prof - Vision	\$967	\$1,018	\$9.38	\$17.86	2,097	3,579	\$53.70	\$59.90
Radiology	\$789	\$1,185	\$7.66	\$20.79	8,505	10,947	\$10.80	\$22.79
Transportation/Ambulance	\$1,171	\$154	\$11.37	\$2.71	5,942	1,684	\$22.97	\$19.31
Total	\$493,202	\$429,150	\$4,788.37	\$7,528.95				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	3,355	2,982						
Service Type								
DME/Supplies	\$197,658	\$238,917	\$58.91	\$80.12	4,485	6,121	\$157.62	\$157.08
FQHC / RHC	\$10,475	\$9,329	\$3.12	\$3.13	815	700	\$45.94	\$53.62
Home Health	\$18,940	\$27,082	\$5.65	\$9.08	54	93	\$1,262.65	\$1,177.47
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$540,045	\$671,174	\$160.97	\$225.08	229	338	\$8,438.21	\$7,990.17
IP - Psych	\$62,124	\$59,623	\$18.52	\$19.99	0	20	-	\$11,924.68
Lab	\$13,632	\$13,206	\$4.06	\$4.43	5,018	3,344	\$9.72	\$15.89
OP - Emergency Room & Related	\$97,866	\$86,860	\$29.17	\$29.13	1,227	1,215	\$285.32	\$287.62
OP - Other	\$523,573	\$491,786	\$156.06	\$164.92	3,777	3,738	\$495.81	\$529.37
Pharmacy	\$432,356	\$481,464	\$128.87	\$161.46	14,729	15,493	\$104.99	\$125.06
Prof - Anesthesia	\$23,978	\$24,475	\$7.15	\$8.21	444	616	\$193.37	\$159.97
Prof - Child EPSDT	\$5,663	\$6,816	\$1.69	\$2.29	1,449	1,497	\$13.98	\$18.32
Prof - Evaluation & Management	\$214,363	\$202,985	\$63.89	\$68.07	9,997	10,789	\$76.70	\$75.71
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$261,680	\$308,771	\$78.00	\$103.54	5,723	6,748	\$163.55	\$184.12
Prof - Psych	\$14,660	\$15,432	\$4.37	\$5.18	604	499	\$86.75	\$124.45
Prof - Specialist	\$44,172	\$46,832	\$13.17	\$15.70	984	1,143	\$160.63	\$164.90
Prof - Vision	\$8,972	\$8,415	\$2.67	\$2.82	469	326	\$68.49	\$103.89
Radiology	\$9,691	\$45,051	\$2.89	\$15.11	1,581	2,608	\$21.92	\$69.52
Transportation/Ambulance	\$33,859	\$25,241	\$10.09	\$8.46	7,107	5,485	\$17.04	\$18.52
Total	\$2,513,706	\$2,763,459	\$749.24	\$926.71				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	24,783	24,497						
Service Type								
DME/Supplies	\$358,574	\$384,886	\$14.47	\$15.71	1,191	1,216	\$145.82	\$155.01
FQHC / RHC	\$69,822	\$58,538	\$2.82	\$2.39	633	386	\$53.38	\$74.19
Home Health	\$17,653	\$56,346	\$0.71	\$2.30	25	22	\$339.47	\$1,280.59
IP - Maternity	\$67,552	\$55,434	\$2.73	\$2.26	12	11	\$2,702.08	\$2,519.74
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,081,198	\$714,301	\$43.63	\$29.16	74	53	\$7,113.14	\$6,613.90
IP - Psych	\$666,873	\$608,136	\$26.91	\$24.82	163	162	\$1,978.85	\$1,837.27
Lab	\$69,068	\$58,583	\$2.79	\$2.39	2,947	1,952	\$11.35	\$14.70
OP - Emergency Room & Related	\$454,114	\$397,678	\$18.32	\$16.23	832	770	\$264.17	\$253.14
OP - Other	\$1,095,456	\$1,237,465	\$44.20	\$50.51	1,354	1,416	\$391.79	\$428.04
Pharmacy	\$3,879,839	\$4,676,469	\$156.55	\$190.90	16,741	16,742	\$112.22	\$136.83
Prof - Anesthesia	\$37,677	\$34,953	\$1.52	\$1.43	96	103	\$190.29	\$166.44
Prof - Child EPSDT	\$8,785	\$7,807	\$0.35	\$0.32	302	248	\$14.08	\$15.43
Prof - Evaluation & Management	\$742,263	\$713,136	\$29.95	\$29.11	5,061	4,999	\$71.01	\$69.87
Prof - Maternity	\$32,384	\$36,055	\$1.31	\$1.47	38	34	\$409.92	\$522.54
Prof - Other	\$230,488	\$364,992	\$9.30	\$14.90	1,791	2,157	\$62.33	\$82.90
Prof - Psych	\$205,564	\$178,055	\$8.29	\$7.27	1,654	1,238	\$60.19	\$70.46
Prof - Specialist	\$125,021	\$106,477	\$5.04	\$4.35	459	445	\$131.88	\$117.14
Prof - Vision	\$48,032	\$52,254	\$1.94	\$2.13	489	237	\$47.56	\$108.19
Radiology	\$58,281	\$58,399	\$2.35	\$2.38	1,018	965	\$27.71	\$29.64
Transportation/Ambulance	\$228,347	\$189,530	\$9.21	\$7.74	4,046	3,651	\$27.32	\$25.43
Total	\$9,476,990	\$9,989,493	\$382.40	\$407.78				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	14,698	14,350						
Service Type								
DME/Supplies	\$291,436	\$228,864	\$19.83	\$15.95	2,003	1,902	\$118.81	\$100.60
FQHC / RHC	\$158,101	\$189,585	\$10.76	\$13.21	2,097	2,057	\$61.57	\$77.07
Home Health	\$76,044	\$69,019	\$5.17	\$4.81	173	156	\$358.70	\$371.07
IP - Maternity	\$237,540	\$209,533	\$16.16	\$14.60	52	62	\$3,711.57	\$2,831.52
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,429,218	\$1,981,634	\$165.28	\$138.09	215	181	\$9,236.57	\$9,131.95
IP - Psych	\$538,704	\$532,039	\$36.65	\$37.08	579	534	\$759.81	\$832.61
Lab	\$124,674	\$126,014	\$8.48	\$8.78	8,254	6,349	\$12.33	\$16.60
OP - Emergency Room & Related	\$956,351	\$869,836	\$65.07	\$60.62	2,530	2,595	\$308.60	\$280.32
OP - Other	\$1,462,782	\$1,456,331	\$99.52	\$101.49	2,734	2,902	\$436.78	\$419.69
Pharmacy	\$3,731,926	\$3,736,469	\$253.91	\$260.38	44,871	43,892	\$67.90	\$71.19
Prof - Anesthesia	\$50,513	\$45,460	\$3.44	\$3.17	278	243	\$148.57	\$156.22
Prof - Child EPSDT	\$55,302	\$96,940	\$3.76	\$6.76	548	581	\$82.42	\$139.48
Prof - Evaluation & Management	\$930,318	\$860,129	\$63.30	\$59.94	11,684	10,772	\$65.01	\$66.77
Prof - Maternity	\$91,789	\$88,478	\$6.24	\$6.17	174	209	\$430.93	\$353.91
Prof - Other	\$403,097	\$398,161	\$27.43	\$27.75	3,978	4,062	\$82.74	\$81.98
Prof - Psych	\$137,947	\$109,347	\$9.39	\$7.62	1,978	1,328	\$56.93	\$68.86
Prof - Specialist	\$242,915	\$237,629	\$16.53	\$16.56	1,800	1,667	\$110.17	\$119.23
Prof - Vision	\$25,200	\$24,975	\$1.71	\$1.74	244	185	\$84.28	\$113.01
Radiology	\$171,714	\$146,964	\$11.68	\$10.24	3,698	3,273	\$37.91	\$37.55
Transportation/Ambulance	\$255,396	\$228,428	\$17.38	\$15.92	15,683	12,686	\$13.30	\$15.06
Total	\$12,370,966	\$11,635,835	\$841.68	\$810.86				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	12,308	13,126						
Service Type								
DME/Supplies	\$231,718	\$275,680	\$18.83	\$21.00	1,367	1,282	\$165.28	\$196.63
FQHC / RHC	\$72,654	\$86,696	\$5.90	\$6.60	896	826	\$79.06	\$95.90
Home Health	\$45,181	\$50,159	\$3.67	\$3.82	70	108	\$627.51	\$425.08
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,561,823	\$2,180,844	\$126.89	\$166.15	183	152	\$8,307.57	\$13,137.61
IP - Psych	\$420,476	\$535,118	\$34.16	\$40.77	536	645	\$764.50	\$759.03
Lab	\$34,809	\$39,954	\$2.83	\$3.04	3,104	2,521	\$10.93	\$14.49
OP - Emergency Room & Related	\$470,701	\$480,461	\$38.24	\$36.60	1,337	1,279	\$343.33	\$343.43
OP - Other	\$858,077	\$886,674	\$69.72	\$67.55	1,601	1,779	\$522.58	\$455.64
Pharmacy	\$2,025,874	\$2,447,788	\$164.60	\$186.48	27,999	26,670	\$70.54	\$83.91
Prof - Anesthesia	\$16,159	\$14,729	\$1.31	\$1.12	99	95	\$158.42	\$141.63
Prof - Child EPSDT	\$5,062	\$5,048	\$0.41	\$0.38	194	167	\$25.44	\$27.59
Prof - Evaluation & Management	\$447,651	\$488,502	\$36.37	\$37.22	6,549	6,590	\$66.64	\$67.77
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$311,828	\$655,624	\$25.34	\$49.95	2,901	3,054	\$104.82	\$196.24
Prof - Psych	\$83,579	\$74,698	\$6.79	\$5.69	1,204	685	\$67.68	\$99.73
Prof - Specialist	\$116,241	\$109,813	\$9.44	\$8.37	1,098	1,008	\$103.23	\$99.56
Prof - Vision	\$16,715	\$21,850	\$1.36	\$1.66	155	154	\$105.13	\$130.06
Radiology	\$65,187	\$61,615	\$5.30	\$4.69	1,911	1,875	\$33.26	\$30.04
Transportation/Ambulance	\$184,258	\$218,238	\$14.97	\$16.63	12,086	10,635	\$14.86	\$18.76
Total	\$6,967,993	\$8,633,493	\$566.14	\$657.74				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	43,234	44,098						
Service Type								
DME/Supplies	\$1,435,776	\$1,283,871	\$33.21	\$29.11	3,956	4,010	\$100.74	\$87.12
FQHC / RHC	\$449,974	\$431,346	\$10.41	\$9.78	2,124	1,825	\$58.81	\$64.31
Home Health	\$365,185	\$342,903	\$8.45	\$7.78	217	249	\$466.99	\$374.76
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$14,728,276	\$15,376,438	\$340.66	\$348.69	375	359	\$10,909.83	\$11,657.65
IP - Psych	\$1,309,296	\$1,424,565	\$30.28	\$32.30	342	382	\$1,063.60	\$1,014.65
Lab	\$347,293	\$325,163	\$8.03	\$7.37	8,676	6,184	\$11.11	\$14.31
OP - Emergency Room & Related	\$2,099,596	\$2,031,894	\$48.56	\$46.08	1,336	1,413	\$436.32	\$391.20
OP - Other	\$7,131,873	\$8,016,994	\$164.96	\$181.80	4,038	4,338	\$490.26	\$502.85
Pharmacy	\$15,108,174	\$16,379,509	\$349.45	\$371.43	74,273	73,155	\$56.46	\$60.93
Prof - Anesthesia	\$176,330	\$170,652	\$4.08	\$3.87	300	321	\$162.97	\$144.62
Prof - Child EPSDT	\$25,819	\$23,135	\$0.60	\$0.52	688	693	\$10.41	\$9.08
Prof - Evaluation & Management	\$3,051,238	\$3,161,767	\$70.57	\$71.70	12,553	12,361	\$67.47	\$69.61
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,872,229	\$2,038,935	\$43.30	\$46.24	4,836	4,754	\$107.46	\$116.71
Prof - Psych	\$256,992	\$228,300	\$5.94	\$5.18	944	638	\$75.56	\$97.44
Prof - Specialist	\$1,325,222	\$1,307,052	\$30.65	\$29.64	2,918	2,865	\$126.04	\$124.15
Prof - Vision	\$164,976	\$166,451	\$3.82	\$3.77	573	533	\$79.85	\$84.97
Radiology	\$589,144	\$592,019	\$13.63	\$13.43	4,619	4,671	\$35.40	\$34.49
Transportation/Ambulance	\$964,612	\$1,117,674	\$22.31	\$25.35	16,262	13,957	\$16.46	\$21.79
Total	\$51,402,004	\$54,418,667	\$1,188.93	\$1,234.04				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Rural	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	98,481	99,110						
Service Type								
DME/Supplies	\$2,525,160	\$2,418,111	\$25.64	\$24.40	2,673	2,723	\$115.13	\$107.51
FQHC / RHC	\$761,375	\$775,608	\$7.73	\$7.83	1,545	1,337	\$60.04	\$70.26
Home Health	\$540,818	\$545,509	\$5.49	\$5.50	139	156	\$473.99	\$424.19
IP - Maternity	\$305,092	\$264,967	\$3.10	\$2.67	11	12	\$3,428.00	\$2,760.07
IP - Newborn	\$0	\$156,586	\$0.00	\$1.58	0	0	-	\$156,586.02
IP - Other	\$20,639,222	\$21,084,855	\$209.58	\$212.74	246	230	\$10,217.44	\$11,120.70
IP - Psych	\$2,998,726	\$3,159,998	\$30.45	\$31.88	344	373	\$1,060.75	\$1,024.64
Lab	\$589,967	\$563,041	\$5.99	\$5.68	6,348	4,589	\$11.33	\$14.86
OP - Emergency Room & Related	\$4,088,835	\$3,867,542	\$41.52	\$39.02	1,385	1,401	\$359.62	\$334.19
OP - Other	\$11,080,579	\$12,096,097	\$112.51	\$122.05	2,855	3,056	\$472.86	\$479.28
Pharmacy	\$25,266,972	\$27,759,637	\$256.57	\$280.09	47,545	47,049	\$64.76	\$71.44
Prof - Anesthesia	\$305,820	\$293,527	\$3.11	\$2.96	226	236	\$165.22	\$150.76
Prof - Child EPSDT	\$101,172	\$140,029	\$1.03	\$1.41	539	524	\$22.86	\$32.38
Prof - Evaluation & Management	\$5,422,949	\$5,448,589	\$55.07	\$54.98	9,729	9,517	\$67.92	\$69.32
Prof - Maternity	\$124,173	\$124,533	\$1.26	\$1.26	36	39	\$425.25	\$390.38
Prof - Other	\$3,090,785	\$3,791,762	\$31.38	\$38.26	3,739	3,859	\$100.74	\$118.98
Prof - Psych	\$698,989	\$605,933	\$7.10	\$6.11	1,297	888	\$65.68	\$82.65
Prof - Specialist	\$1,856,918	\$1,814,312	\$18.86	\$18.31	1,838	1,796	\$123.10	\$122.29
Prof - Vision	\$264,862	\$274,964	\$2.69	\$2.77	449	355	\$71.91	\$93.88
Radiology	\$894,805	\$905,233	\$9.09	\$9.13	3,138	3,124	\$34.75	\$35.09
Transportation/Ambulance	\$1,667,643	\$1,779,265	\$16.93	\$17.95	12,257	10,524	\$16.58	\$20.47
Total	\$83,224,861	\$87,870,097	\$845.09	\$886.59				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	295	204						
Service Type								
DME/Supplies	\$11,207	\$3,449	\$37.99	\$16.91	4,149	2,529	\$109.88	\$80.21
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$89,037	\$33,028	\$301.82	\$161.90	5,410	3,824	\$669.45	\$508.12
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$728	\$0.00	\$3.57	0	59	-	\$727.83
IP - Other	\$9,148	\$5,434	\$31.01	\$26.64	163	118	\$2,286.97	\$2,716.78
IP - Psych	\$4,971	\$3,616	\$16.85	\$17.73	0	0	-	-
Lab	\$1,051	\$582	\$3.56	\$2.86	2,400	2,176	\$17.81	\$15.74
OP - Emergency Room & Related	\$13,224	\$10,597	\$44.83	\$51.95	1,627	1,941	\$330.61	\$321.12
OP - Other	\$73,514	\$44,601	\$249.20	\$218.63	3,092	2,941	\$967.29	\$892.02
Pharmacy	\$107,765	\$268,161	\$365.30	\$1,314.52	15,946	15,824	\$274.91	\$996.88
Prof - Anesthesia	\$2,849	\$1,957	\$9.66	\$9.59	488	647	\$237.38	\$177.93
Prof - Child EPSDT	\$1,539	\$1,288	\$5.22	\$6.31	5,369	5,294	\$11.66	\$14.31
Prof - Evaluation & Management	\$34,443	\$34,576	\$116.76	\$169.49	17,614	22,059	\$79.54	\$92.20
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$110,604	\$61,766	\$374.93	\$302.78	19,892	17,235	\$226.18	\$210.81
Prof - Psych	\$1,022	\$715	\$3.47	\$3.50	41	0	\$1,022.32	-
Prof - Specialist	\$8,040	\$6,241	\$27.25	\$30.59	1,505	2,235	\$217.30	\$164.23
Prof - Vision	\$2,104	\$1,375	\$7.13	\$6.74	1,993	1,647	\$42.94	\$49.12
Radiology	\$1,186	\$795	\$4.02	\$3.90	2,075	1,882	\$23.26	\$24.85
Transportation/Ambulance	\$1,202	\$778	\$4.08	\$3.81	1,790	1,176	\$27.33	\$38.90
Total	\$472,908	\$479,687	\$1,603.08	\$2,351.41				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	6,175	5,642						
Service Type								
DME/Supplies	\$430,178	\$390,247	\$69.66	\$69.17	5,297	4,951	\$157.81	\$167.63
FQHC / RHC	\$550	\$610	\$0.09	\$0.11	29	55	\$36.66	\$23.45
Home Health	\$130,705	\$159,397	\$21.17	\$28.25	235	747	\$1,080.21	\$454.12
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$951,044	\$1,443,840	\$154.02	\$255.91	134	117	\$13,783.25	\$26,251.63
IP - Psych	\$126,716	\$103,788	\$20.52	\$18.40	152	0	\$1,624.56	-
Lab	\$20,900	\$19,322	\$3.38	\$3.42	2,763	1,627	\$14.70	\$25.26
OP - Emergency Room & Related	\$222,302	\$166,522	\$36.00	\$29.51	1,327	1,032	\$325.48	\$343.34
OP - Other	\$1,288,110	\$1,414,960	\$208.60	\$250.79	4,448	4,752	\$562.74	\$633.38
Pharmacy	\$762,547	\$635,684	\$123.49	\$112.67	13,586	12,608	\$109.08	\$107.23
Prof - Anesthesia	\$42,771	\$45,889	\$6.93	\$8.13	391	434	\$212.79	\$224.94
Prof - Child EPSDT	\$7,407	\$6,790	\$1.20	\$1.20	1,306	1,102	\$11.02	\$13.11
Prof - Evaluation & Management	\$421,117	\$376,392	\$68.20	\$66.71	9,275	9,335	\$88.23	\$85.76
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,097,575	\$1,103,448	\$177.74	\$195.58	10,459	12,808	\$203.93	\$183.24
Prof - Psych	\$25,747	\$22,802	\$4.17	\$4.04	418	151	\$119.75	\$321.15
Prof - Specialist	\$120,032	\$107,122	\$19.44	\$18.99	1,104	981	\$211.32	\$232.37
Prof - Vision	\$19,636	\$17,419	\$3.18	\$3.09	536	428	\$71.15	\$86.66
Radiology	\$16,980	\$16,938	\$2.75	\$3.00	1,708	1,599	\$19.32	\$22.52
Transportation/Ambulance	\$36,327	\$29,266	\$5.88	\$5.19	3,059	2,729	\$23.08	\$22.81
Total	\$5,720,644	\$6,060,435	\$926.42	\$1,074.16				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	55,157	53,914						
Service Type								
DME/Supplies	\$784,683	\$905,619	\$14.23	\$16.80	1,150	1,222	\$148.45	\$164.93
FQHC / RHC	\$14,368	\$13,561	\$0.26	\$0.25	87	69	\$35.74	\$43.46
Home Health	\$185,624	\$152,981	\$3.37	\$2.84	28	32	\$1,438.95	\$1,077.33
IP - Maternity	\$182,145	\$135,884	\$3.30	\$2.52	11	9	\$3,642.91	\$3,484.20
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,886,671	\$1,960,682	\$34.21	\$36.37	52	47	\$7,894.02	\$9,381.25
IP - Psych	\$1,534,739	\$1,522,003	\$27.82	\$28.23	323	348	\$1,033.49	\$973.15
Lab	\$131,321	\$121,199	\$2.38	\$2.25	2,395	1,420	\$11.93	\$18.99
OP - Emergency Room & Related	\$1,444,416	\$1,163,280	\$26.19	\$21.58	787	681	\$399.23	\$380.28
OP - Other	\$3,677,693	\$3,221,767	\$66.68	\$59.76	1,107	1,127	\$722.96	\$636.46
Pharmacy	\$7,689,285	\$7,580,995	\$139.41	\$140.61	14,000	14,100	\$119.50	\$119.67
Prof - Anesthesia	\$97,850	\$83,160	\$1.77	\$1.54	108	93	\$196.88	\$199.43
Prof - Child EPSDT	\$23,630	\$15,613	\$0.43	\$0.29	319	236	\$16.11	\$14.70
Prof - Evaluation & Management	\$1,641,858	\$1,658,272	\$29.77	\$30.76	4,547	4,820	\$78.55	\$76.57
Prof - Maternity	\$75,626	\$43,009	\$1.37	\$0.80	31	14	\$536.35	\$661.68
Prof - Other	\$2,613,947	\$2,605,502	\$47.39	\$48.33	2,909	3,322	\$195.46	\$174.56
Prof - Psych	\$447,914	\$386,580	\$8.12	\$7.17	1,954	1,339	\$49.87	\$64.24
Prof - Specialist	\$291,775	\$256,646	\$5.29	\$4.76	483	446	\$131.31	\$128.13
Prof - Vision	\$98,214	\$99,545	\$1.78	\$1.85	512	220	\$41.70	\$100.86
Radiology	\$117,179	\$110,821	\$2.12	\$2.06	874	854	\$29.17	\$28.87
Transportation/Ambulance	\$259,844	\$244,989	\$4.71	\$4.54	2,312	1,767	\$24.46	\$30.86
Total	\$23,198,781	\$22,282,109	\$420.60	\$413.29				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	29,213	28,935						
Service Type								
DME/Supplies	\$648,244	\$619,568	\$22.19	\$21.41	1,871	1,888	\$142.35	\$136.08
FQHC / RHC	\$115,726	\$124,193	\$3.96	\$4.29	761	691	\$62.49	\$74.55
Home Health	\$114,865	\$66,739	\$3.93	\$2.31	67	62	\$700.40	\$444.92
IP - Maternity	\$522,358	\$646,722	\$17.88	\$22.35	59	76	\$3,652.85	\$3,514.79
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,154,361	\$3,788,856	\$107.98	\$130.94	193	189	\$6,697.16	\$8,327.16
IP - Psych	\$910,071	\$1,027,250	\$31.15	\$35.50	583	639	\$641.35	\$666.61
Lab	\$138,479	\$138,563	\$4.74	\$4.79	10,225	4,717	\$5.56	\$12.18
OP - Emergency Room & Related	\$3,029,675	\$2,932,093	\$103.71	\$101.33	2,505	2,482	\$496.75	\$489.99
OP - Other	\$3,270,668	\$3,253,923	\$111.96	\$112.46	1,373	1,563	\$978.66	\$863.57
Pharmacy	\$7,150,657	\$7,549,083	\$244.78	\$260.90	37,088	37,170	\$79.20	\$84.23
Prof - Anesthesia	\$109,560	\$106,797	\$3.75	\$3.69	302	345	\$148.86	\$128.52
Prof - Child EPSDT	\$29,427	\$27,070	\$1.01	\$0.94	630	571	\$19.20	\$19.67
Prof - Evaluation & Management	\$1,785,076	\$1,874,582	\$61.11	\$64.79	10,916	11,150	\$67.17	\$69.72
Prof - Maternity	\$190,672	\$278,177	\$6.53	\$9.61	144	182	\$544.78	\$635.11
Prof - Other	\$1,209,271	\$1,471,639	\$41.39	\$50.86	4,085	4,049	\$121.60	\$150.72
Prof - Psych	\$248,636	\$226,710	\$8.51	\$7.84	2,207	1,590	\$46.28	\$59.12
Prof - Specialist	\$545,705	\$545,575	\$18.68	\$18.86	1,794	1,765	\$124.93	\$128.16
Prof - Vision	\$50,707	\$55,652	\$1.74	\$1.92	254	210	\$81.92	\$109.77
Radiology	\$340,843	\$334,108	\$11.67	\$11.55	3,375	3,432	\$41.49	\$40.38
Transportation/Ambulance	\$312,972	\$312,324	\$10.71	\$10.79	13,679	10,979	\$9.40	\$11.80
Total	\$23,877,975	\$25,379,623	\$817.37	\$877.13				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	25,034	25,990						
Service Type								
DME/Supplies	\$592,332	\$555,079	\$23.66	\$21.36	1,822	1,551	\$155.79	\$165.20
FQHC / RHC	\$99,388	\$47,888	\$3.97	\$1.84	464	353	\$102.67	\$62.60
Home Health	\$88,674	\$102,322	\$3.54	\$3.94	81	78	\$524.70	\$601.90
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$4,021,833	\$3,455,513	\$160.65	\$132.96	235	176	\$8,191.11	\$9,045.85
IP - Psych	\$1,248,267	\$1,229,147	\$49.86	\$47.29	1,240	1,164	\$482.70	\$487.37
Lab	\$60,853	\$64,067	\$2.43	\$2.47	4,236	1,916	\$6.89	\$15.44
OP - Emergency Room & Related	\$1,516,244	\$1,555,411	\$60.57	\$59.85	1,501	1,459	\$484.11	\$492.37
OP - Other	\$1,819,269	\$1,931,594	\$72.67	\$74.32	896	979	\$972.87	\$910.70
Pharmacy	\$5,544,514	\$6,375,951	\$221.48	\$245.32	24,855	24,264	\$106.93	\$121.33
Prof - Anesthesia	\$48,506	\$46,733	\$1.94	\$1.80	137	152	\$169.60	\$142.05
Prof - Child EPSDT	\$4,914	\$6,254	\$0.20	\$0.24	234	216	\$10.05	\$13.39
Prof - Evaluation & Management	\$1,105,061	\$1,084,557	\$44.14	\$41.73	7,803	7,272	\$67.88	\$68.86
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,597,820	\$2,448,271	\$63.83	\$94.20	3,678	3,574	\$208.24	\$316.31
Prof - Psych	\$178,169	\$156,189	\$7.12	\$6.01	1,803	991	\$47.36	\$72.78
Prof - Specialist	\$305,489	\$298,453	\$12.20	\$11.48	1,088	1,018	\$134.64	\$135.41
Prof - Vision	\$38,291	\$36,805	\$1.53	\$1.42	204	144	\$90.10	\$117.97
Radiology	\$123,639	\$115,917	\$4.94	\$4.46	1,887	1,703	\$31.40	\$31.43
Transportation/Ambulance	\$245,494	\$233,538	\$9.81	\$8.99	16,700	12,348	\$7.05	\$8.73
Total	\$18,638,758	\$19,743,689	\$744.54	\$759.66				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	82,728	84,923						
Service Type								
DME/Supplies	\$3,127,811	\$2,887,311	\$37.81	\$34.00	4,085	3,966	\$111.08	\$102.87
FQHC / RHC	\$672,968	\$844,262	\$8.13	\$9.94	1,370	1,442	\$71.24	\$82.75
Home Health	\$622,556	\$724,152	\$7.53	\$8.53	176	207	\$514.08	\$494.30
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$22,387,775	\$26,779,499	\$270.62	\$315.34	388	396	\$8,375.52	\$9,567.52
IP - Psych	\$2,401,216	\$2,771,268	\$29.03	\$32.63	501	641	\$694.60	\$610.55
Lab	\$414,778	\$423,964	\$5.01	\$4.99	11,410	5,037	\$5.27	\$11.89
OP - Emergency Room & Related	\$6,879,086	\$7,054,653	\$83.15	\$83.07	1,609	1,611	\$620.35	\$618.77
OP - Other	\$14,259,374	\$14,770,871	\$172.36	\$173.93	2,638	2,762	\$784.00	\$755.66
Pharmacy	\$32,232,945	\$37,159,963	\$389.63	\$437.57	69,997	69,720	\$66.80	\$75.31
Prof - Anesthesia	\$448,360	\$431,467	\$5.42	\$5.08	422	450	\$154.18	\$135.60
Prof - Child EPSDT	\$57,769	\$63,544	\$0.70	\$0.75	930	867	\$9.01	\$10.36
Prof - Evaluation & Management	\$7,061,522	\$7,529,104	\$85.36	\$88.66	14,774	14,987	\$69.33	\$70.99
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$6,398,484	\$6,076,225	\$77.34	\$71.55	6,355	6,179	\$146.06	\$138.96
Prof - Psych	\$554,630	\$490,654	\$6.70	\$5.78	1,352	847	\$59.48	\$81.88
Prof - Specialist	\$2,891,169	\$3,008,744	\$34.95	\$35.43	3,256	3,074	\$128.81	\$138.29
Prof - Vision	\$321,638	\$333,276	\$3.89	\$3.92	622	590	\$74.99	\$79.77
Radiology	\$1,493,713	\$1,452,265	\$18.06	\$17.10	5,206	5,210	\$41.62	\$39.39
Transportation/Ambulance	\$1,012,194	\$1,174,576	\$12.24	\$13.83	18,704	16,312	\$7.85	\$10.18
Total	\$103,237,989	\$113,975,801	\$1,247.92	\$1,342.11				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Tidewater	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	198,602	199,608						
Service Type								
DME/Supplies	\$5,594,455	\$5,361,271	\$28.17	\$26.86	2,697	2,636	\$125.35	\$122.29
FQHC / RHC	\$903,001	\$1,030,513	\$4.55	\$5.16	766	780	\$71.20	\$79.44
Home Health	\$1,231,462	\$1,238,619	\$6.20	\$6.21	116	141	\$639.06	\$528.65
IP - Maternity	\$704,503	\$782,605	\$3.55	\$3.92	12	13	\$3,650.28	\$3,509.44
IP - Newborn	\$0	\$728	\$0.00	\$0.00	0	0	-	\$727.83
IP - Other	\$32,410,832	\$37,433,823	\$163.19	\$187.54	238	235	\$8,211.51	\$9,593.50
IP - Psych	\$6,225,980	\$6,657,073	\$31.35	\$33.35	545	611	\$689.86	\$654.84
Lab	\$767,381	\$767,698	\$3.86	\$3.85	7,545	3,508	\$6.14	\$13.16
OP - Emergency Room & Related	\$13,104,948	\$12,882,556	\$65.99	\$64.54	1,490	1,450	\$531.40	\$534.08
OP - Other	\$24,388,629	\$24,637,716	\$122.80	\$123.43	1,864	1,971	\$790.50	\$751.56
Pharmacy	\$53,487,714	\$59,569,838	\$269.32	\$298.43	42,080	42,391	\$76.80	\$84.48
Prof - Anesthesia	\$749,896	\$716,004	\$3.78	\$3.59	280	299	\$161.62	\$143.95
Prof - Child EPSDT	\$124,686	\$120,560	\$0.63	\$0.60	647	580	\$11.65	\$12.49
Prof - Evaluation & Management	\$12,049,078	\$12,557,483	\$60.67	\$62.91	10,321	10,528	\$70.54	\$71.71
Prof - Maternity	\$266,298	\$321,186	\$1.34	\$1.61	30	30	\$542.36	\$638.54
Prof - Other	\$13,027,702	\$13,766,851	\$65.60	\$68.97	4,874	4,958	\$161.49	\$166.93
Prof - Psych	\$1,456,117	\$1,283,650	\$7.33	\$6.43	1,671	1,086	\$52.65	\$71.07
Prof - Specialist	\$4,162,211	\$4,222,781	\$20.96	\$21.16	1,928	1,847	\$130.44	\$137.46
Prof - Vision	\$530,591	\$544,074	\$2.67	\$2.73	484	374	\$66.22	\$87.57
Radiology	\$2,093,540	\$2,030,844	\$10.54	\$10.17	3,202	3,214	\$39.51	\$37.99
Transportation/Ambulance	\$1,868,033	\$1,995,470	\$9.41	\$10.00	12,648	10,695	\$8.92	\$11.22
Total	\$175,147,055	\$187,921,344	\$881.90	\$941.45				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	211	153						
Service Type								
DME/Supplies	\$11,933	\$11,764	\$56.55	\$76.89	6,085	4,549	\$111.52	\$202.83
FQHC / RHC	\$0	\$138	\$0.00	\$0.90	0	157	-	\$68.95
Home Health	\$9,358	\$2,431	\$44.35	\$15.89	4,095	1,098	\$129.97	\$173.66
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$58,590	\$0.00	\$382.94	0	157	-	\$29,294.99
IP - Other	\$253,097	\$5,889	\$1,199.51	\$38.49	1,649	157	\$8,727.49	\$2,944.25
IP - Psych	\$1,498	\$847	\$7.10	\$5.53	0	0	-	-
Lab	\$984	\$647	\$4.66	\$4.23	5,005	4,314	\$11.18	\$11.76
OP - Emergency Room & Related	\$3,694	\$2,560	\$17.51	\$16.73	1,763	2,039	\$119.15	\$98.47
OP - Other	\$17,205	\$3,387	\$81.54	\$22.13	3,981	1,804	\$245.78	\$147.25
Pharmacy	\$52,752	\$89,087	\$250.01	\$582.27	10,635	13,812	\$282.10	\$505.89
Prof - Anesthesia	\$3,543	\$394	\$16.79	\$2.58	739	235	\$272.57	\$131.38
Prof - Child EPSDT	\$827	\$912	\$3.92	\$5.96	4,038	5,804	\$11.64	\$12.33
Prof - Evaluation & Management	\$53,426	\$28,953	\$253.20	\$189.23	29,118	25,569	\$104.35	\$88.81
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$45,488	\$81,138	\$215.58	\$530.31	15,299	26,431	\$169.10	\$240.76
Prof - Psych	\$296	\$167	\$1.40	\$1.09	284	0	\$59.23	-
Prof - Specialist	\$8,325	\$106	\$39.45	\$0.69	1,877	392	\$252.26	\$21.18
Prof - Vision	\$1,941	\$2,430	\$9.20	\$15.88	1,365	2,039	\$80.87	\$93.45
Radiology	\$1,237	\$903	\$5.86	\$5.90	4,607	3,137	\$15.28	\$22.58
Transportation/Ambulance	\$4,291	\$2,189	\$20.34	\$14.31	3,014	4,314	\$80.97	\$39.81
Total	\$469,895	\$292,532	\$2,226.99	\$1,911.97				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	4,780	4,876						
Service Type								
DME/Supplies	\$246,195	\$237,053	\$51.51	\$48.62	4,644	4,167	\$133.08	\$140.02
FQHC / RHC	\$12,192	\$2,906	\$2.55	\$0.60	133	185	\$230.03	\$38.74
Home Health	\$10,311	\$15,668	\$2.16	\$3.21	166	320	\$156.22	\$120.53
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$676,992	\$881,397	\$141.63	\$180.76	324	234	\$5,248.00	\$9,277.87
IP - Psych	\$17,696	\$50,173	\$3.70	\$10.29	0	96	-	\$1,286.49
Lab	\$23,479	\$21,222	\$4.91	\$4.35	4,135	3,852	\$14.26	\$13.56
OP - Emergency Room & Related	\$63,543	\$66,054	\$13.29	\$13.55	1,162	997	\$137.24	\$163.10
OP - Other	\$494,759	\$397,974	\$103.51	\$81.62	2,704	2,751	\$459.39	\$355.97
Pharmacy	\$579,215	\$494,239	\$121.17	\$101.36	14,769	12,775	\$98.46	\$95.21
Prof - Anesthesia	\$23,827	\$18,480	\$4.98	\$3.79	454	337	\$131.64	\$134.89
Prof - Child EPSDT	\$7,266	\$5,217	\$1.52	\$1.07	1,612	1,039	\$11.32	\$12.36
Prof - Evaluation & Management	\$269,467	\$291,112	\$56.37	\$59.70	9,429	9,500	\$71.74	\$75.42
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$559,588	\$450,174	\$117.07	\$92.32	8,847	9,460	\$158.79	\$117.11
Prof - Psych	\$17,788	\$14,954	\$3.72	\$3.07	597	431	\$74.74	\$85.45
Prof - Specialist	\$48,622	\$52,511	\$10.17	\$10.77	776	832	\$157.35	\$155.36
Prof - Vision	\$19,225	\$24,937	\$4.02	\$5.11	515	593	\$93.78	\$103.47
Radiology	\$13,239	\$10,991	\$2.77	\$2.25	1,451	1,366	\$22.91	\$19.80
Transportation/Ambulance	\$44,608	\$45,580	\$9.33	\$9.35	1,951	1,336	\$57.41	\$83.94
Total	\$3,128,012	\$3,080,642	\$654.40	\$631.80				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	23,659	23,919						
Service Type								
DME/Supplies	\$417,860	\$423,044	\$17.66	\$17.69	1,496	1,375	\$141.65	\$154.40
FQHC / RHC	\$14,714	\$23,105	\$0.62	\$0.97	175	268	\$42.53	\$43.19
Home Health	\$21,303	\$13,455	\$0.90	\$0.56	48	33	\$224.24	\$206.99
IP - Maternity	\$124,710	\$43,182	\$5.27	\$1.81	19	9	\$3,281.85	\$2,398.98
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,855,848	\$1,542,075	\$78.44	\$64.47	134	69	\$7,003.20	\$11,174.46
IP - Psych	\$472,632	\$642,032	\$19.98	\$26.84	271	423	\$885.08	\$761.60
Lab	\$130,085	\$105,242	\$5.50	\$4.40	3,889	3,325	\$16.96	\$15.88
OP - Emergency Room & Related	\$284,491	\$253,739	\$12.02	\$10.61	813	788	\$177.47	\$161.62
OP - Other	\$771,579	\$930,356	\$32.61	\$38.90	1,122	1,359	\$348.82	\$343.43
Pharmacy	\$4,550,483	\$7,012,344	\$192.34	\$293.17	21,010	20,215	\$109.86	\$174.03
Prof - Anesthesia	\$34,730	\$25,198	\$1.47	\$1.05	113	98	\$156.44	\$128.56
Prof - Child EPSDT	\$10,134	\$7,230	\$0.43	\$0.30	334	257	\$15.40	\$14.12
Prof - Evaluation & Management	\$812,581	\$910,114	\$34.35	\$38.05	5,833	6,217	\$70.65	\$73.44
Prof - Maternity	\$22,943	\$24,964	\$0.97	\$1.04	24	29	\$477.98	\$437.96
Prof - Other	\$5,281,444	\$3,440,924	\$223.23	\$143.86	3,709	4,036	\$722.30	\$427.71
Prof - Psych	\$223,045	\$176,475	\$9.43	\$7.38	1,833	1,257	\$61.73	\$70.42
Prof - Specialist	\$140,290	\$128,928	\$5.93	\$5.39	639	619	\$111.34	\$104.48
Prof - Vision	\$49,195	\$61,824	\$2.08	\$2.58	283	261	\$88.32	\$118.66
Radiology	\$48,718	\$51,347	\$2.06	\$2.15	1,027	1,002	\$24.07	\$25.70
Transportation/Ambulance	\$164,157	\$157,358	\$6.94	\$6.58	1,352	1,061	\$61.60	\$74.44
Total	\$15,430,943	\$15,972,936	\$652.22	\$667.79				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	17,624	17,787						
Service Type								
DME/Supplies	\$334,883	\$348,670	\$19.00	\$19.60	2,213	1,968	\$103.04	\$119.53
FQHC / RHC	\$41,124	\$47,462	\$2.33	\$2.67	724	828	\$38.65	\$38.68
Home Health	\$82,597	\$94,462	\$4.69	\$5.31	208	349	\$270.81	\$182.36
IP - Maternity	\$263,721	\$272,574	\$14.96	\$15.32	59	89	\$3,066.52	\$2,064.96
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,003,877	\$3,592,060	\$170.44	\$201.95	638	541	\$3,205.85	\$4,478.88
IP - Psych	\$812,528	\$722,642	\$46.10	\$40.63	994	782	\$556.53	\$623.50
Lab	\$338,990	\$343,886	\$19.23	\$19.33	13,036	11,717	\$17.71	\$19.80
OP - Emergency Room & Related	\$897,038	\$832,511	\$50.90	\$46.80	2,767	2,633	\$220.73	\$213.30
OP - Other	\$1,389,958	\$1,562,416	\$78.87	\$87.84	3,863	5,042	\$244.97	\$209.05
Pharmacy	\$5,039,817	\$5,545,246	\$285.96	\$311.76	55,877	55,254	\$61.41	\$67.71
Prof - Anesthesia	\$48,540	\$47,329	\$2.75	\$2.66	270	265	\$122.58	\$120.43
Prof - Child EPSDT	\$20,584	\$27,827	\$1.17	\$1.56	944	891	\$14.84	\$21.08
Prof - Evaluation & Management	\$1,197,575	\$1,385,612	\$67.95	\$77.90	12,397	13,519	\$65.78	\$69.15
Prof - Maternity	\$129,809	\$128,065	\$7.37	\$7.20	262	225	\$337.17	\$384.58
Prof - Other	\$397,501	\$469,789	\$22.55	\$26.41	3,878	4,306	\$69.79	\$73.60
Prof - Psych	\$202,600	\$175,812	\$11.50	\$9.88	2,395	1,882	\$57.59	\$63.02
Prof - Specialist	\$372,177	\$349,337	\$21.12	\$19.64	2,483	2,293	\$102.08	\$102.78
Prof - Vision	\$35,611	\$47,933	\$2.02	\$2.69	247	308	\$98.10	\$105.12
Radiology	\$204,866	\$210,545	\$11.62	\$11.84	4,131	4,227	\$33.77	\$33.60
Transportation/Ambulance	\$398,034	\$406,622	\$22.58	\$22.86	6,752	6,435	\$40.14	\$42.63
Total	\$15,211,832	\$16,610,800	\$863.13	\$933.87				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	13,074	13,659						
Service Type								
DME/Supplies	\$217,974	\$279,357	\$16.67	\$20.45	1,507	1,465	\$132.75	\$167.58
FQHC / RHC	\$17,195	\$18,128	\$1.32	\$1.33	353	394	\$44.66	\$40.46
Home Health	\$32,830	\$19,596	\$2.51	\$1.43	132	104	\$227.99	\$166.07
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$2,012,829	\$2,150,223	\$153.96	\$157.42	635	536	\$2,908.71	\$3,524.96
IP - Psych	\$453,016	\$535,532	\$34.65	\$39.21	631	771	\$658.45	\$609.95
Lab	\$113,877	\$101,320	\$8.71	\$7.42	5,931	4,851	\$17.62	\$18.35
OP - Emergency Room & Related	\$421,273	\$432,086	\$32.22	\$31.63	1,790	1,678	\$216.04	\$226.22
OP - Other	\$517,573	\$662,291	\$39.59	\$48.49	2,701	2,458	\$175.87	\$236.70
Pharmacy	\$3,821,398	\$4,179,670	\$292.29	\$306.00	34,638	33,163	\$101.26	\$110.73
Prof - Anesthesia	\$16,472	\$17,214	\$1.26	\$1.26	122	127	\$123.85	\$119.54
Prof - Child EPSDT	\$3,668	\$3,970	\$0.28	\$0.29	416	271	\$8.10	\$12.89
Prof - Evaluation & Management	\$568,986	\$617,258	\$43.52	\$45.19	7,840	7,736	\$66.61	\$70.10
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$438,148	\$361,702	\$33.51	\$26.48	3,682	2,768	\$109.21	\$114.79
Prof - Psych	\$87,205	\$85,292	\$6.67	\$6.24	1,310	1,024	\$61.11	\$73.15
Prof - Specialist	\$179,662	\$155,823	\$13.74	\$11.41	1,574	1,303	\$104.76	\$105.07
Prof - Vision	\$25,196	\$30,440	\$1.93	\$2.23	202	170	\$114.53	\$157.72
Radiology	\$65,915	\$71,926	\$5.04	\$5.27	2,282	2,339	\$26.51	\$27.02
Transportation/Ambulance	\$195,256	\$189,055	\$14.93	\$13.84	6,229	4,634	\$28.77	\$35.84
Total	\$9,188,475	\$9,910,883	\$702.81	\$725.59				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	47,664	48,961						
Service Type								
DME/Supplies	\$1,542,900	\$1,760,630	\$32.37	\$35.96	4,252	4,548	\$91.36	\$94.88
FQHC / RHC	\$113,016	\$117,045	\$2.37	\$2.39	759	742	\$37.51	\$38.64
Home Health	\$531,906	\$586,623	\$11.16	\$11.98	416	648	\$321.59	\$221.87
IP - Maternity	\$6,172	\$0	\$0.13	\$0.00	0	0	\$6,172.09	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$17,491,015	\$19,433,242	\$366.96	\$396.91	1,093	1,123	\$4,029.26	\$4,240.29
IP - Psych	\$1,472,269	\$1,599,344	\$30.89	\$32.67	616	572	\$602.15	\$685.24
Lab	\$827,930	\$820,295	\$17.37	\$16.75	12,665	11,642	\$16.46	\$17.27
OP - Emergency Room & Related	\$1,823,687	\$1,663,499	\$38.26	\$33.98	1,585	1,473	\$289.66	\$276.74
OP - Other	\$4,859,019	\$5,375,831	\$101.94	\$109.80	4,697	5,316	\$260.44	\$247.84
Pharmacy	\$18,798,727	\$21,038,642	\$394.40	\$429.70	83,707	82,256	\$56.54	\$62.69
Prof - Anesthesia	\$158,518	\$157,581	\$3.33	\$3.22	293	316	\$136.42	\$122.35
Prof - Child EPSDT	\$37,381	\$31,480	\$0.78	\$0.64	919	778	\$10.24	\$9.91
Prof - Evaluation & Management	\$3,579,738	\$3,997,545	\$75.10	\$81.65	13,095	13,729	\$68.82	\$71.36
Prof - Maternity	\$2,643	\$0	\$0.06	\$0.00	2	0	\$293.71	-
Prof - Other	\$2,084,954	\$2,817,942	\$43.74	\$57.55	5,393	5,776	\$97.33	\$119.58
Prof - Psych	\$294,241	\$258,196	\$6.17	\$5.27	1,166	812	\$63.54	\$77.89
Prof - Specialist	\$1,470,836	\$1,612,332	\$30.86	\$32.93	3,268	3,310	\$113.30	\$119.37
Prof - Vision	\$152,830	\$172,340	\$3.21	\$3.52	477	443	\$80.73	\$95.37
Radiology	\$606,800	\$646,559	\$12.73	\$13.21	4,776	5,013	\$31.98	\$31.61
Transportation/Ambulance	\$1,045,395	\$1,090,271	\$21.93	\$22.27	6,831	6,711	\$38.53	\$39.82
Total	\$56,899,977	\$63,179,398	\$1,193.77	\$1,290.40				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Roanoke/Alleghany	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	107,012	109,355						
Service Type								
DME/Supplies	\$2,771,744	\$3,060,519	\$25.90	\$27.99	2,993	3,032	\$103.86	\$110.76
FQHC / RHC	\$198,241	\$208,784	\$1.85	\$1.91	545	583	\$40.78	\$39.27
Home Health	\$688,305	\$732,235	\$6.43	\$6.70	262	383	\$294.65	\$209.87
IP - Maternity	\$394,604	\$315,756	\$3.69	\$2.89	14	16	\$3,156.83	\$2,105.04
IP - Newborn	\$0	\$58,590	\$0.00	\$0.54	0	0	-	\$29,294.99
IP - Other	\$25,293,658	\$27,604,887	\$236.36	\$252.43	717	684	\$3,956.46	\$4,430.96
IP - Psych	\$3,229,640	\$3,550,570	\$30.18	\$32.47	575	576	\$629.93	\$675.91
Lab	\$1,435,345	\$1,392,612	\$13.41	\$12.73	9,567	8,629	\$16.82	\$17.71
OP - Emergency Room & Related	\$3,493,726	\$3,250,449	\$32.65	\$29.72	1,616	1,517	\$242.50	\$235.11
OP - Other	\$8,050,093	\$8,932,254	\$75.23	\$81.68	3,435	3,930	\$262.79	\$249.41
Pharmacy	\$32,842,392	\$38,359,229	\$306.90	\$350.78	56,044	54,968	\$65.71	\$76.58
Prof - Anesthesia	\$285,631	\$266,196	\$2.67	\$2.43	236	237	\$135.56	\$123.18
Prof - Child EPSDT	\$79,860	\$76,636	\$0.75	\$0.70	769	638	\$11.64	\$13.19
Prof - Evaluation & Management	\$6,481,773	\$7,230,595	\$60.57	\$66.12	10,601	11,131	\$68.57	\$71.28
Prof - Maternity	\$155,396	\$153,029	\$1.45	\$1.40	50	43	\$351.57	\$392.38
Prof - Other	\$8,807,124	\$7,621,668	\$82.30	\$69.70	4,736	4,974	\$208.53	\$168.16
Prof - Psych	\$825,176	\$710,896	\$7.71	\$6.50	1,506	1,092	\$61.43	\$71.43
Prof - Specialist	\$2,219,913	\$2,299,036	\$20.74	\$21.02	2,237	2,191	\$111.30	\$115.15
Prof - Vision	\$283,998	\$339,903	\$2.65	\$3.11	366	356	\$87.06	\$104.78
Radiology	\$940,776	\$992,271	\$8.79	\$9.07	3,387	3,509	\$31.14	\$31.03
Transportation/Ambulance	\$1,851,741	\$1,891,075	\$17.30	\$17.29	5,307	4,928	\$39.12	\$42.11
Total	\$100,329,134	\$109,047,190	\$937.55	\$997.19				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age Under 1								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	46	41						
Service Type								
DME/Supplies	\$3,065	\$6,334	\$66.62	\$154.49	6,522	20,780	\$122.58	\$89.21
FQHC / RHC	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Home Health	\$598	\$0	\$13.01	\$0.00	783	0	\$199.48	-
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$21,627	\$0	\$470.15	\$0.00	522	0	\$10,813.45	-
IP - Other	\$22,430	\$5,444	\$487.61	\$132.79	1,043	4,683	\$5,607.55	\$340.27
IP - Psych	\$900	\$647	\$19.57	\$15.78	0	0	-	-
Lab	\$94	\$174	\$2.05	\$4.25	2,348	4,098	\$10.46	\$12.43
OP - Emergency Room & Related	\$3,072	\$2,057	\$66.78	\$50.18	2,870	1,756	\$279.27	\$342.87
OP - Other	\$3,628	\$29,615	\$78.87	\$722.31	5,217	26,634	\$181.40	\$325.44
Pharmacy	\$12,873	\$2,701	\$279.84	\$65.88	21,130	36,389	\$158.92	\$21.73
Prof - Anesthesia	\$295	\$697	\$6.42	\$17.00	522	878	\$147.66	\$232.36
Prof - Child EPSDT	\$207	\$273	\$4.51	\$6.65	3,913	5,854	\$13.83	\$13.63
Prof - Evaluation & Management	\$10,538	\$11,817	\$229.08	\$288.22	32,087	26,927	\$85.67	\$128.45
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$19,828	\$13,887	\$431.04	\$338.71	27,391	30,732	\$188.84	\$132.26
Prof - Psych	\$178	\$128	\$3.87	\$3.12	0	0	-	-
Prof - Specialist	\$450	\$2,834	\$9.79	\$69.11	1,565	5,561	\$75.03	\$149.13
Prof - Vision	\$179	\$155	\$3.90	\$3.79	261	585	\$179.36	\$77.74
Radiology	\$560	\$1,473	\$12.16	\$35.94	8,609	7,902	\$16.96	\$54.57
Transportation/Ambulance	\$5,916	\$537	\$128.60	\$13.10	3,652	4,098	\$422.54	\$38.37
Total	\$106,438	\$78,774	\$2,313.87	\$1,921.32				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 1-5								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	1,789	1,762						
Service Type								
DME/Supplies	\$84,273	\$115,871	\$47.11	\$65.76	4,414	4,822	\$128.07	\$163.66
FQHC / RHC	\$224	\$703	\$0.12	\$0.40	20	82	\$74.52	\$58.62
Home Health	\$1,710	\$269	\$0.96	\$0.15	114	20	\$100.57	\$89.74
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$215,691	\$435,860	\$120.57	\$247.37	1,496	2,356	\$967.22	\$1,259.71
IP - Psych	\$14,654	\$16,544	\$8.19	\$9.39	0	14	-	\$8,272.18
Lab	\$8,408	\$8,034	\$4.70	\$4.56	4,669	3,548	\$12.08	\$15.42
OP - Emergency Room & Related	\$30,885	\$29,510	\$17.26	\$16.75	1,610	1,607	\$128.69	\$125.04
OP - Other	\$181,379	\$233,474	\$101.39	\$132.51	6,117	10,502	\$198.88	\$151.41
Pharmacy	\$294,961	\$150,035	\$164.87	\$85.15	19,204	16,284	\$103.03	\$62.75
Prof - Anesthesia	\$7,242	\$9,383	\$4.05	\$5.33	335	415	\$144.84	\$153.81
Prof - Child EPSDT	\$2,517	\$1,859	\$1.41	\$1.06	1,429	1,008	\$11.82	\$12.56
Prof - Evaluation & Management	\$129,449	\$121,663	\$72.36	\$69.05	11,691	11,183	\$74.27	\$74.09
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$110,348	\$210,149	\$61.68	\$119.27	5,400	9,766	\$137.08	\$146.55
Prof - Psych	\$7,140	\$4,185	\$3.99	\$2.37	463	218	\$103.48	\$130.77
Prof - Specialist	\$19,350	\$26,551	\$10.82	\$15.07	1,107	1,015	\$117.28	\$178.20
Prof - Vision	\$5,580	\$6,615	\$3.12	\$3.75	402	490	\$93.00	\$91.88
Radiology	\$6,316	\$7,903	\$3.53	\$4.49	2,388	1,968	\$17.74	\$27.35
Transportation/Ambulance	\$16,360	\$14,820	\$9.14	\$8.41	1,107	1,989	\$99.15	\$50.75
Total	\$1,136,486	\$1,393,428	\$635.26	\$790.82				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 6-20								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	13,472	13,173						
Service Type								
DME/Supplies	\$227,902	\$324,356	\$16.92	\$24.62	1,709	1,878	\$118.76	\$157.30
FQHC / RHC	\$11,849	\$10,634	\$0.88	\$0.81	254	207	\$41.58	\$46.85
Home Health	\$20,047	\$25,283	\$1.49	\$1.92	73	168	\$244.48	\$137.41
IP - Maternity	\$19,790	\$4,604	\$1.47	\$0.35	20	15	\$860.43	\$270.82
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$621,989	\$417,870	\$46.17	\$31.72	325	155	\$1,704.08	\$2,458.06
IP - Psych	\$212,551	\$198,684	\$15.78	\$15.08	120	144	\$1,574.45	\$1,257.49
Lab	\$69,250	\$53,007	\$5.14	\$4.02	4,121	3,484	\$14.97	\$13.86
OP - Emergency Room & Related	\$229,536	\$198,681	\$17.04	\$15.08	1,298	1,090	\$157.54	\$165.98
OP - Other	\$470,626	\$508,652	\$34.93	\$38.61	2,615	2,316	\$160.29	\$200.10
Pharmacy	\$4,041,344	\$4,000,032	\$299.98	\$303.65	23,618	24,024	\$152.42	\$151.68
Prof - Anesthesia	\$20,592	\$15,932	\$1.53	\$1.21	112	128	\$163.43	\$113.80
Prof - Child EPSDT	\$4,829	\$3,322	\$0.36	\$0.25	388	262	\$11.08	\$11.53
Prof - Evaluation & Management	\$546,086	\$565,542	\$40.53	\$42.93	7,371	7,422	\$65.99	\$69.41
Prof - Maternity	\$10,983	\$3,797	\$0.82	\$0.29	18	8	\$549.13	\$421.85
Prof - Other	\$647,411	\$363,208	\$48.06	\$27.57	3,777	4,346	\$152.69	\$76.13
Prof - Psych	\$135,434	\$115,285	\$10.05	\$8.75	2,043	1,585	\$59.04	\$66.26
Prof - Specialist	\$94,658	\$71,010	\$7.03	\$5.39	747	691	\$112.82	\$93.68
Prof - Vision	\$30,763	\$31,312	\$2.28	\$2.38	443	378	\$61.90	\$75.45
Radiology	\$42,919	\$36,106	\$3.19	\$2.74	1,579	1,356	\$24.21	\$24.25
Transportation/Ambulance	\$99,905	\$103,621	\$7.42	\$7.87	2,535	2,436	\$35.10	\$38.75
Total	\$7,558,463	\$7,050,939	\$561.05	\$535.26				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Female								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	20,099	19,093						
Service Type								
DME/Supplies	\$375,076	\$390,878	\$18.66	\$20.47	2,286	2,388	\$97.96	\$102.89
FQHC / RHC	\$45,095	\$41,957	\$2.24	\$2.20	682	723	\$39.45	\$36.48
Home Health	\$71,857	\$102,542	\$3.58	\$5.37	159	280	\$270.14	\$230.43
IP - Maternity	\$150,859	\$142,191	\$7.51	\$7.45	112	94	\$806.73	\$954.30
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$3,719,082	\$3,160,090	\$185.04	\$165.51	823	1,011	\$2,696.94	\$1,964.01
IP - Psych	\$479,096	\$539,567	\$23.84	\$28.26	380	486	\$753.30	\$698.02
Lab	\$279,020	\$310,698	\$13.88	\$16.27	9,844	10,713	\$16.92	\$18.23
OP - Emergency Room & Related	\$1,350,808	\$1,071,605	\$67.21	\$56.13	3,240	3,227	\$248.95	\$208.73
OP - Other	\$1,625,710	\$1,727,485	\$80.89	\$90.48	7,252	8,297	\$133.84	\$130.85
Pharmacy	\$5,647,505	\$5,982,454	\$280.98	\$313.33	65,773	70,262	\$51.26	\$53.51
Prof - Anesthesia	\$54,579	\$48,198	\$2.72	\$2.52	285	288	\$114.18	\$105.23
Prof - Child EPSDT	\$10,512	\$12,096	\$0.52	\$0.63	733	812	\$8.57	\$9.36
Prof - Evaluation & Management	\$1,434,052	\$1,470,492	\$71.35	\$77.02	12,918	13,574	\$66.28	\$68.09
Prof - Maternity	\$65,574	\$70,735	\$3.26	\$3.70	72	106	\$541.94	\$421.04
Prof - Other	\$257,084	\$315,929	\$12.79	\$16.55	2,774	3,409	\$55.32	\$58.25
Prof - Psych	\$130,835	\$108,750	\$6.51	\$5.70	1,159	1,080	\$67.41	\$63.30
Prof - Specialist	\$354,346	\$354,655	\$17.63	\$18.58	1,826	1,981	\$115.84	\$112.52
Prof - Vision	\$44,484	\$47,694	\$2.21	\$2.50	389	345	\$68.33	\$86.87
Radiology	\$252,076	\$244,424	\$12.54	\$12.80	4,641	4,491	\$32.43	\$34.21
Transportation/Ambulance	\$298,323	\$357,238	\$14.84	\$18.71	4,552	5,295	\$39.13	\$42.40
Total	\$16,645,974	\$16,499,677	\$828.20	\$864.17				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 21-44 Male								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	13,343	12,903						
Service Type								
DME/Supplies	\$187,073	\$295,994	\$14.02	\$22.94	1,631	1,898	\$103.13	\$145.02
FQHC / RHC	\$10,954	\$14,594	\$0.82	\$1.13	277	312	\$35.57	\$43.57
Home Health	\$45,618	\$53,654	\$3.42	\$4.16	161	146	\$254.85	\$341.74
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$1,623,742	\$1,802,665	\$121.69	\$139.71	1,072	988	\$1,362.20	\$1,697.42
IP - Psych	\$357,962	\$311,458	\$26.83	\$24.14	422	358	\$763.25	\$808.98
Lab	\$97,055	\$131,171	\$7.27	\$10.17	5,562	6,607	\$15.69	\$18.46
OP - Emergency Room & Related	\$549,933	\$438,701	\$41.22	\$34.00	2,282	2,068	\$216.77	\$197.26
OP - Other	\$654,463	\$710,876	\$49.05	\$55.09	4,953	6,906	\$118.84	\$95.73
Pharmacy	\$2,548,852	\$2,968,612	\$191.03	\$230.07	41,680	44,192	\$55.00	\$62.47
Prof - Anesthesia	\$21,671	\$15,061	\$1.62	\$1.17	132	127	\$147.43	\$109.94
Prof - Child EPSDT	\$3,811	\$3,494	\$0.29	\$0.27	316	407	\$10.86	\$7.98
Prof - Evaluation & Management	\$637,895	\$669,369	\$47.81	\$51.88	8,576	9,092	\$66.89	\$68.47
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$187,502	\$221,567	\$14.05	\$17.17	1,724	2,276	\$97.81	\$90.55
Prof - Psych	\$64,449	\$51,845	\$4.83	\$4.02	725	480	\$79.96	\$100.47
Prof - Specialist	\$141,138	\$134,291	\$10.58	\$10.41	1,172	1,228	\$108.32	\$101.74
Prof - Vision	\$23,101	\$21,945	\$1.73	\$1.70	303	196	\$68.55	\$104.00
Radiology	\$85,267	\$85,058	\$6.39	\$6.59	2,674	2,518	\$28.68	\$31.41
Transportation/Ambulance	\$180,338	\$168,030	\$13.52	\$13.02	5,347	4,703	\$30.33	\$33.23
Total	\$7,420,826	\$8,098,386	\$556.16	\$627.64				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

Age 45 and Over								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	64,513	65,330						
Service Type								
DME/Supplies	\$2,073,752	\$2,259,538	\$32.14	\$34.59	4,361	5,260	\$88.45	\$78.90
FQHC / RHC	\$106,342	\$139,166	\$1.65	\$2.13	576	650	\$34.35	\$39.30
Home Health	\$787,993	\$813,733	\$12.21	\$12.46	797	801	\$183.98	\$186.68
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$15,517,512	\$18,187,059	\$240.53	\$278.39	1,732	1,393	\$1,666.94	\$2,398.40
IP - Psych	\$1,223,381	\$1,278,581	\$18.96	\$19.57	227	257	\$1,003.59	\$912.62
Lab	\$879,914	\$970,476	\$13.64	\$14.85	10,446	10,600	\$15.67	\$16.82
OP - Emergency Room & Related	\$2,698,363	\$2,340,813	\$41.83	\$35.83	1,731	1,722	\$289.93	\$249.66
OP - Other	\$6,538,659	\$7,302,691	\$101.35	\$111.78	7,617	8,031	\$159.68	\$167.02
Pharmacy	\$23,419,704	\$25,502,464	\$363.02	\$390.36	93,343	95,737	\$46.67	\$48.93
Prof - Anesthesia	\$151,571	\$157,924	\$2.35	\$2.42	222	275	\$126.84	\$105.56
Prof - Child EPSDT	\$36,218	\$36,182	\$0.56	\$0.55	932	1,010	\$7.22	\$6.58
Prof - Evaluation & Management	\$4,752,201	\$5,114,576	\$73.66	\$78.29	12,865	13,436	\$68.71	\$69.92
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$1,297,133	\$1,390,535	\$20.11	\$21.28	3,549	4,227	\$67.98	\$60.43
Prof - Psych	\$282,043	\$217,536	\$4.37	\$3.33	691	400	\$75.92	\$99.97
Prof - Specialist	\$1,415,363	\$1,579,170	\$21.94	\$24.17	2,401	2,564	\$109.64	\$113.15
Prof - Vision	\$208,989	\$233,940	\$3.24	\$3.58	564	553	\$68.97	\$77.70
Radiology	\$867,511	\$814,635	\$13.45	\$12.47	4,660	4,638	\$34.63	\$32.26
Transportation/Ambulance	\$1,021,594	\$1,153,131	\$15.84	\$17.65	5,638	5,970	\$33.70	\$35.48
Total	\$63,278,243	\$69,492,149	\$980.86	\$1,063.71				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
Far Southwest	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	113,262	112,302						
Service Type								
DME/Supplies	\$2,951,140	\$3,392,970	\$26.06	\$30.21	3,358	3,988	\$93.12	\$90.92
FQHC / RHC	\$174,465	\$207,055	\$1.54	\$1.84	512	563	\$36.08	\$39.33
Home Health	\$927,823	\$995,480	\$8.19	\$8.86	512	550	\$192.10	\$193.37
IP - Maternity	\$170,649	\$146,795	\$1.51	\$1.31	22	18	\$812.62	\$884.30
IP - Newborn	\$21,627	\$0	\$0.19	\$0.00	0	0	\$10,813.45	-
IP - Other	\$21,720,446	\$24,008,988	\$191.77	\$213.79	1,321	1,153	\$1,741.54	\$2,225.94
IP - Psych	\$2,288,545	\$2,345,482	\$20.21	\$20.89	261	291	\$930.68	\$862.63
Lab	\$1,333,741	\$1,473,560	\$11.78	\$13.12	8,917	9,213	\$15.85	\$17.09
OP - Emergency Room & Related	\$4,862,597	\$4,081,367	\$42.93	\$36.34	2,011	1,942	\$256.22	\$224.58
OP - Other	\$9,474,465	\$10,512,793	\$83.65	\$93.61	6,619	7,322	\$151.66	\$153.41
Pharmacy	\$35,965,239	\$38,606,298	\$317.54	\$343.77	72,871	75,803	\$52.29	\$54.42
Prof - Anesthesia	\$255,951	\$247,195	\$2.26	\$2.20	212	245	\$128.10	\$107.71
Prof - Child EPSDT	\$58,095	\$57,226	\$0.51	\$0.51	769	821	\$8.01	\$7.45
Prof - Evaluation & Management	\$7,510,220	\$7,953,459	\$66.31	\$70.82	11,705	12,224	\$67.98	\$69.52
Prof - Maternity	\$76,557	\$74,532	\$0.68	\$0.66	15	19	\$542.96	\$421.08
Prof - Other	\$2,519,307	\$2,515,276	\$22.24	\$22.40	3,263	3,974	\$81.81	\$67.63
Prof - Psych	\$620,079	\$497,728	\$5.47	\$4.43	935	661	\$70.26	\$80.51
Prof - Specialist	\$2,025,305	\$2,168,512	\$17.88	\$19.31	1,937	2,068	\$110.79	\$112.04
Prof - Vision	\$313,096	\$341,662	\$2.76	\$3.04	485	455	\$68.42	\$80.20
Radiology	\$1,254,648	\$1,189,600	\$11.08	\$10.59	4,022	3,944	\$33.05	\$32.23
Transportation/Ambulance	\$1,622,435	\$1,797,375	\$14.32	\$16.00	4,970	5,232	\$34.59	\$36.71
Total	\$96,146,431	\$102,613,354	\$848.89	\$913.73				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Aged, Blind, and Disabled (ABAD)

Exhibit 1b

All Age Categories								
All Regions	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	872,951	880,746						
Service Type								
DME/Supplies	\$23,089,705	\$22,350,009	\$26.45	\$25.38	2,730	2,735	\$116.26	\$111.32
FQHC / RHC	\$3,218,874	\$3,041,429	\$3.69	\$3.45	792	685	\$55.87	\$60.46
Home Health	\$5,774,880	\$5,735,746	\$6.62	\$6.51	198	223	\$400.53	\$349.83
IP - Maternity	\$2,728,824	\$2,833,376	\$3.13	\$3.22	13	14	\$2,869.43	\$2,769.67
IP - Newborn	\$77,741	\$219,091	\$0.09	\$0.25	0	0	\$12,956.85	\$31,298.69
IP - Other	\$187,213,381	\$196,430,972	\$214.46	\$223.03	443	409	\$5,804.71	\$6,550.10
IP - Psych	\$27,657,522	\$30,433,652	\$31.68	\$34.55	508	561	\$749.06	\$739.31
Lab	\$6,409,234	\$6,402,150	\$7.34	\$7.27	7,844	5,693	\$11.23	\$15.32
OP - Emergency Room & Related	\$43,177,956	\$40,290,685	\$49.46	\$45.75	1,553	1,499	\$382.27	\$366.23
OP - Other	\$86,527,834	\$92,242,379	\$99.12	\$104.73	2,897	3,189	\$410.64	\$394.12
Pharmacy	\$244,412,282	\$269,365,224	\$279.98	\$305.84	49,549	49,713	\$67.81	\$73.83
Prof - Anesthesia	\$2,751,750	\$2,536,064	\$3.15	\$2.88	234	252	\$161.66	\$137.37
Prof - Child EPSDT	\$514,310	\$555,794	\$0.59	\$0.63	588	543	\$12.02	\$13.95
Prof - Evaluation & Management	\$53,264,907	\$56,173,306	\$61.02	\$63.78	10,559	10,830	\$69.34	\$70.67
Prof - Maternity	\$1,083,957	\$1,213,268	\$1.24	\$1.38	31	31	\$475.42	\$527.05
Prof - Other	\$43,431,153	\$44,606,251	\$49.75	\$50.65	4,289	4,476	\$139.21	\$135.77
Prof - Psych	\$6,215,358	\$5,147,896	\$7.12	\$5.84	1,447	934	\$59.03	\$75.12
Prof - Specialist	\$17,317,888	\$17,407,208	\$19.84	\$19.76	1,830	1,818	\$130.05	\$130.48
Prof - Vision	\$2,465,831	\$2,697,886	\$2.82	\$3.06	470	417	\$72.06	\$88.19
Radiology	\$9,136,954	\$9,026,795	\$10.47	\$10.25	3,370	3,366	\$37.27	\$36.54
Transportation/Ambulance	\$12,520,571	\$12,758,868	\$14.34	\$14.49	10,162	8,437	\$16.94	\$20.60
Total	\$778,990,911	\$821,468,047	\$892.36	\$932.70				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Pharmacy Adjustment

Exhibit 2a

	LIFC	ABAD	Source
1. Health Plan Total Drug Cost PMPM	\$35.94	\$292.97	FY13-14 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$35.01	\$287.49	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.5%	0.5%	From Plan Data
4. Current Average Managed Care Rebate	1.7%	1.7%	From Plan Data
5. FY16 Managed Care Dispensing Fee PMPM	\$0.92	\$5.55	From Plan Data
6. Average PBM Admin Cost PMPM	\$0.41	\$2.60	From Plan Data
7. Adjusted PMPM with FY16 Pharmacy Pricing Arrangements	\$35.58	\$289.50	$= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)$
8. Pharmacy Adjustment	-1.0%	-1.2%	$= (7.) / (1.) - 1$

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

Exhibit 2b

	LIFC Age 0-5	LIFC Age 6-20	ABAD Age 0-5	ABAD Age 6-20	Source
1. Claims Associated with Exempt Infant Formula	\$109,955	\$20,284	\$89,555	\$84,779	FY13-14 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$9,514,551	\$8,216,938	\$4,118,293	\$6,686,026	FY13-14 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-1.2%	-0.2%	-2.2%	-1.3%	= (1.) / (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Hospital Inpatient Adjustments

Exhibit 2c

	<u>LIFC and ABAD</u>		<u>Source</u>
	<u>IP - Med/Surg</u>	<u>IP - Psych</u>	
1a. FY13 Total Claims in IP Service Categories	\$460,747,588	\$44,776,671	FY13 Health Plan Encounter Data
1b. FY14 Total Claims in IP Service Categories	\$482,643,783	\$48,618,651	FY14 Health Plan Encounter Data
2. FY13-14 Hospital Capital Percentage	10.2%	10.2%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	0.0%	10.5%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
4b. Dollar Change	\$19,313,691	(\$2,652,139)	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5. Hospital Inpatient Adjustment	2.0%	-2.8%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2d

	LIFC and ABAD	Source
1a. FY13 Total Claims in IP Service Categories	\$44,776,671	FY13 Health Plan Encounter Data
1b. FY14 Total Claims in IP Service Categories	\$48,618,651	FY14 Health Plan Encounter Data
2. FY13-14 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	10.5%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
4b. Dollar Change	(\$40,352)	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5. Freestanding Psychiatric Hospital Rate Adjustment	-0.04%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
DME Fee Adjustment

Exhibit 2e

	LIFC	ABAD	Source
1. Claims Associated with DME/Supplies Service Category	\$28,111,000	\$45,439,714	FY13-14 Health Plan Encounter Data
2. Proportion of Claims subject to change	\$3,119,335	\$12,578,639	Provided by DMAS
3a. FY15 DME Fee Change	-26.0%	-23.3%	Provided by DMAS
3b. Dollar Change	(\$811,811)	(\$2,928,972)	= (2.) * (3a.)
4. DME Fee Adjustment	-2.9%	-6.4%	= (3b.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Hepatitis C Treatment Adjustment

Exhibit 2f

	LIFC Child	LIFC Adult	ABAD	Source
1. Total Claims in Pharmacy Service Categories	\$286,898,746	\$194,828,894	\$513,777,506	FY13-14 Health Plan Encounter Data
2. Unique Individuals in Base Period	704,693	180,195	99,677	FY13-14 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	0.5%	4.0%	4.4%	FY13-14 Health Plan Encounter Data
3b. Number of Individuals Being Tested	3,178	7,236	4,432	FY13-14 Health Plan Encounter Data
3c. Projected Testing Change in FY16	15%	35%	35%	Estimate
3d. Additional Number of People Being Tested	477	2,533	1,551	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$61.70	\$61.70	\$61.70	FY13-14 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.03%	1.4%	4.9%	FY13-14 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	223	2,458	4,872	FY13-14 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	234	2,581	5,116	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	4.5%	4.3%	4.5%	FY13-14 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	10	106	221	FY13-14 Health Plan Encounter Data
5c. Increase in Proportion of Hepatitis C Receiving Drug Therapy	30%	30%	30%	Estimate
5d. Projected Number of Additional People Going Through Drug Therapy	4	39	81	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e. Average Cost of Current Drug Therapy	\$60,000	\$60,000	\$60,000	FY13-14 Health Plan Encounter Data
5f. Average Cost of New Drug Therapy	\$90,000	\$90,000	\$90,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$657,911	\$6,818,354	\$13,985,555	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7. Hepatitis C Treatment Adjustment	0.2%	3.5%	2.7%	= (6.) / (1.)

Note: Based on analysis of FY13 - FY14 base data experience

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Provider Incentive Payment Adjustment

Exhibit 2g

LIFC and ABAD		Source
Provider Incentive Payment Adjustment	0.5%	From Plan Data

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Emergency Room Triage Adjustment

Exhibit 2h

	LIFC	ABAD	Source
1. Total Claims in Prof - Evaluation & Management	\$419,327,053	\$109,438,213	FY13-14 Health Plan Encounter Data
2. FY13-14 Number of Claims in ER Triage Level 3	124,612	20,589	FY13-14 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$44.67	\$44.67	FY13-14 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (2 years)	\$2,817,231	\$465,477	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.7%	0.4%	= (5.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Resource Based Relative Value Scale Adjustment

Exhibit 2i

	ABAD	LIFC	
1. Professional Fee Adjustment - Effective FY16	-0.2%	-0.2%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	82%	93%	FY13-14 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.2%	-0.2%	= (1.) * (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Administrative Cost Adjustment

Exhibit 2j

	LIFC Child	LIFC Adult	ABAD	Source
1. Claims Adjustment Expense PMPM	\$3.65	\$12.78	\$25.12	Expense from CY2014 BOI Reports; CY2014 Member months from capitation payment files
2. General Admin Expense PMPM	\$6.42	\$22.48	\$44.18	Expense from CY2014 BOI Reports; CY2014 Member months from capitation payment files
3. Claims Adjustment Expense Increase %	0.8%	0.8%	0.8%	BLS CPI-U
4. General Admin Expense Increase %	2.6%	2.6%	2.6%	Weighted average of BLS Compensation Trend and CPI
5a. Administrative PMPM*	\$10.36	\$36.30	\$71.33	$= (1.) * (1 + (3.)) ^ (18 \text{ months}/12) + (2.) * (1 + (4.)) ^ (18 \text{ months}/12)$
5b. Administrative PMPM Weighted by Claims	\$12.48	\$34.73	\$60.78	Reallocation of administrative costs weighted by claims
6. Adjusted and Trended Base PMPM	\$150.68	\$527.88	\$1,037.49	Weighted average of medical component of FY2016 Med3.0 Base Rates
7. Administrative allowance as % of Base Capitation Rate	7.54%	6.08%	5.45%	$= (5b.) / (((5b.) + (6.)) / (1 - 8.))$
8. Contribution to Reserves as % of Base Capitation Rate	1.50%	1.50%	1.50%	Provided by DMAS
9. Administrative Factor as % of Base Capitation Rate	9.0%	7.6%	7.0%	$= (7.) + (8.)$

*Note:
Administrative increases are applied from midpoint of CY2014 to the midpoint of the contract period (18 months) using compound interest calculations

Virginia Medicaid

Exhibit 3a

FY 2016 Capitation Rate Development

Health Plan Encounter Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Child Under 21

Category of Service	LIFC Child Under 21							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	3.1%	2.0%	5.2%	9.0%	-1.9%	7.0%	0.8%	1.0826
Inpatient Psychiatric	1.2%	-2.9%	-1.7%	-1.6%	23.9%	21.9%	19.0%	1.5814
Outpatient Hospital	1.0%	0.0%	1.0%	0.3%	-4.3%	-4.0%	0.8%	0.9711
Practitioner	1.4%	0.2%	1.7%	10.4%	-4.6%	5.3%	4.2%	1.1206
Prescription Drug	0.0%	-0.8%	-0.8%	10.1%	-7.8%	1.6%	3.1%	1.0631
Other	1.0%	-0.7%	0.4%	3.2%	-7.9%	-5.0%	0.6%	0.9586
Weighted Average²	1.4%	0.3%	1.7%	7.6%	-4.3%	3.0%	2.7%	1.0728

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a - 4b.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

Exhibit 3b

FY 2016 Capitation Rate Development

Health Plan Encounter Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - LIFC Adult 21 and Over

Category of Service	LIFC Adult 21 and Over							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	1.1%	2.0%	3.1%	5.6%	1.3%	6.9%	4.5%	1.1431
Inpatient Psychiatric	0.9%	-2.9%	-2.0%	6.4%	1.0%	7.6%	5.1%	1.1584
Outpatient Hospital	1.2%	0.0%	1.2%	1.0%	2.7%	3.8%	1.9%	1.0668
Practitioner	1.1%	0.1%	1.2%	1.9%	2.3%	4.2%	3.5%	1.0972
Prescription Drug	0.0%	2.5%	2.5%	6.4%	-0.4%	5.9%	5.2%	1.1433
Other	1.0%	-0.4%	0.5%	1.9%	0.6%	2.5%	3.2%	1.0756
Weighted Average²	0.9%	1.0%	1.8%	3.6%	1.4%	5.1%	3.7%	1.1103

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a - 4b.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ABAD

Exhibit 3c

Category of Service	ABAD All Age Categories							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	1.7%	2.0%	3.8%	12.5%	-7.3%	4.3%	2.5%	1.0816
Inpatient Psychiatric	1.3%	-2.9%	-1.7%	0.4%	11.7%	12.2%	11.0%	1.3109
Outpatient Hospital	1.4%	0.0%	1.4%	-2.0%	5.0%	2.9%	2.0%	1.0592
Practitioner	1.4%	0.0%	1.5%	1.9%	0.7%	2.6%	5.8%	1.1172
Prescription Drug	0.0%	1.5%	1.5%	7.7%	-0.8%	6.8%	3.3%	1.1211
Other	1.3%	-3.1%	-1.8%	-0.1%	-1.6%	-1.7%	0.1%	0.9848
Weighted Average²	1.0%	0.7%	1.7%	5.6%	-0.8%	4.5%	3.3%	1.0985

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4a - 4b.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$735,737		\$735,737	\$7,630.40	(\$30,058)	\$713,309	0.959	\$683,754	\$2.88
FQHC / RHC	\$56,551		\$56,551	\$806.84		\$57,358	1.121	\$64,278	\$0.27
Home Health	\$67,526		\$67,526	\$697.21		\$68,223	0.971	\$66,248	\$0.28
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$30,779,139	(\$1,006,429)	\$29,772,710	\$959,569.43	\$629,170	\$31,361,449	1.083	\$33,952,701	\$143.06
IP - Other	\$4,960,886	(\$162,213)	\$4,798,673	\$154,660.41	\$101,408	\$5,054,741	1.083	\$5,472,390	\$23.06
IP - Psych	\$357		\$357	\$0.00	(\$10)	\$346	1.581	\$548	\$0.00
Lab	\$440,592		\$440,592	\$3,281.00		\$443,873	0.959	\$425,481	\$1.79
OP - Emergency Room & Related	\$3,432,330		\$3,432,330	\$35,439.27		\$3,467,769	0.971	\$3,367,382	\$14.19
OP - Other	\$2,341,181		\$2,341,181	\$24,173.01		\$2,365,354	0.971	\$2,296,881	\$9.68
Pharmacy	\$5,387,797		\$5,387,797	\$58.82	(\$41,507)	\$5,346,349	1.063	\$5,683,937	\$23.95
Prof - Anesthesia	\$197,631		\$197,631	\$2,819.68		\$200,450	1.121	\$224,633	\$0.95
Prof - Child EPSDT	\$1,864,026		\$1,864,026	\$26,594.82	(\$3,280)	\$1,887,341	1.121	\$2,115,038	\$8.91
Prof - Evaluation & Management	\$20,311,870		\$20,311,870	\$287,523.06	\$102,660	\$20,702,053	1.121	\$23,199,643	\$97.75
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$5,374,929		\$5,374,929	\$76,639.08	(\$9,457)	\$5,442,111	1.121	\$6,098,672	\$25.70
Prof - Psych	\$852		\$852	\$7.46	(\$1)	\$858	1.121	\$961	\$0.00
Prof - Specialist	\$1,009,497		\$1,009,497	\$14,402.90	(\$1,776)	\$1,022,123	1.121	\$1,145,437	\$4.83
Prof - Vision	\$349,456		\$349,456	\$1,534.21	(\$609)	\$350,381	1.121	\$392,653	\$1.65
Radiology	\$281,770		\$281,770	\$2,922.26		\$284,692	0.959	\$272,896	\$1.15
Transportation/Ambulance	\$942,919		\$942,919	\$3,402.25		\$946,321	0.959	\$907,111	\$3.82
Provider Incentive Payment Adjustment									\$1.95
Total	\$78,535,043	(\$1,168,642)	\$77,366,401	\$1,602,162	\$746,539	\$79,715,102		\$86,370,645	\$365.87
Admin Cost Adjustment									\$36.35
Medallion 3.0 Capitation Rate									\$402.22

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,327,970		\$1,327,970	\$13,772.50	(\$54,254)	\$1,287,489	0.959	\$1,234,143	\$1.33
FQHC / RHC	\$162,624		\$162,624	\$2,320.22		\$164,944	1.121	\$184,844	\$0.20
Home Health	\$181,091		\$181,091	\$1,869.79		\$182,961	0.971	\$177,665	\$0.19
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$7,591,250	\$302,751	\$7,894,001	\$236,664.57	\$166,456	\$8,297,121	1.083	\$8,982,674	\$9.66
IP - Psych	\$75,101		\$75,101	\$926.92	(\$2,192)	\$73,836	1.581	\$116,763	\$0.13
Lab	\$2,037,218		\$2,037,218	\$15,916.01		\$2,053,134	0.959	\$1,968,064	\$2.12
OP - Emergency Room & Related	\$9,037,117		\$9,037,117	\$93,309.46		\$9,130,427	0.971	\$8,866,115	\$9.54
OP - Other	\$9,044,659		\$9,044,659	\$93,387.33		\$9,138,046	0.971	\$8,873,514	\$9.55
Pharmacy	\$13,761,598		\$13,761,598	\$150.25	(\$106,017)	\$13,655,731	1.063	\$14,518,004	\$15.62
Prof - Anesthesia	\$647,491		\$647,491	\$9,238.02		\$656,729	1.121	\$735,960	\$0.79
Prof - Child EPSDT	\$1,600,522		\$1,600,522	\$22,835.31	(\$2,816)	\$1,620,541	1.121	\$1,816,051	\$1.95
Prof - Evaluation & Management	\$30,732,197		\$30,732,197	\$429,775.59	\$155,300	\$31,317,272	1.121	\$35,095,531	\$37.75
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$7,493,086		\$7,493,086	\$106,718.75	(\$13,184)	\$7,586,621	1.121	\$8,501,905	\$9.15
Prof - Psych	\$216,703		\$216,703	\$3,085.63	(\$381)	\$219,407	1.121	\$245,877	\$0.26
Prof - Specialist	\$2,004,801		\$2,004,801	\$28,603.31	(\$3,528)	\$2,029,876	1.121	\$2,274,770	\$2.45
Prof - Vision	\$1,635,968		\$1,635,968	\$9,608.25	(\$2,855)	\$1,642,721	1.121	\$1,840,907	\$1.98
Radiology	\$468,523		\$468,523	\$4,859.10		\$473,382	0.959	\$453,768	\$0.49
Transportation/Ambulance	\$3,013,241		\$3,013,241	\$6,060.86		\$3,019,301	0.959	\$2,894,199	\$3.11
Provider Incentive Payment Adjustment									\$0.57
Total	\$91,031,159	\$302,751	\$91,333,909	\$1,079,102	\$136,529	\$92,549,540		\$98,780,753	\$106.83
Admin Cost Adjustment									\$10.61
Medallion 3.0 Capitation Rate									\$117.44

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,002,253		\$1,002,253	\$10,394.47	(\$31,744)	\$980,904	0.959	\$940,261	\$0.77
FQHC / RHC	\$137,427		\$137,427	\$1,960.72		\$139,387	1.121	\$156,204	\$0.13
Home Health	\$330,327		\$330,327	\$3,410.67		\$333,738	0.971	\$324,077	\$0.27
IP - Maternity	\$28,011	(\$2,871)	\$25,140	\$873	\$533	\$26,545	1.083	\$28,739	\$0.02
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$7,637,008	(\$782,867)	\$6,854,141	\$238,091.12	\$145,197	\$7,237,429	1.083	\$7,835,424	\$6.41
IP - Psych	\$1,635,465		\$1,635,465	\$20,305.85	(\$47,734)	\$1,608,037	1.581	\$2,542,924	\$2.08
Lab	\$2,145,567		\$2,145,567	\$14,841.78		\$2,160,409	0.959	\$2,070,894	\$1.70
OP - Emergency Room & Related	\$8,605,976		\$8,605,976	\$88,857.87		\$8,694,834	0.971	\$8,443,132	\$6.91
OP - Other	\$8,612,094		\$8,612,094	\$88,921.04		\$8,701,015	0.971	\$8,449,134	\$6.92
Pharmacy	\$25,679,386		\$25,679,386	\$280.36	(\$197,830)	\$25,481,835	1.063	\$27,090,852	\$22.17
Prof - Anesthesia	\$527,931		\$527,931	\$7,532.21		\$535,463	1.121	\$600,064	\$0.49
Prof - Child EPSDT	\$430,288		\$430,288	\$6,139.10	(\$757)	\$435,670	1.121	\$488,232	\$0.40
Prof - Evaluation & Management	\$26,534,157		\$26,534,157	\$368,879.63	\$134,075	\$27,037,111	1.121	\$30,298,992	\$24.80
Prof - Maternity	\$16,500		\$16,500	\$235	(\$29)	\$16,707	1.121	\$18,722	\$0.02
Prof - Other	\$10,690,220		\$10,690,220	\$152,240.45	(\$18,810)	\$10,823,650	1.121	\$12,129,465	\$9.93
Prof - Psych	\$1,850,252		\$1,850,252	\$26,391.80	(\$3,256)	\$1,873,389	1.121	\$2,099,403	\$1.72
Prof - Specialist	\$2,590,993		\$2,590,993	\$36,966.75	(\$4,559)	\$2,623,400	1.121	\$2,939,899	\$2.41
Prof - Vision	\$2,760,474		\$2,760,474	\$20,834.72	(\$4,825)	\$2,776,484	1.121	\$3,111,452	\$2.55
Radiology	\$891,311		\$891,311	\$9,243.88		\$900,555	0.959	\$863,242	\$0.71
Transportation/Ambulance	\$3,782,049		\$3,782,049	\$5,957.34		\$3,788,007	0.959	\$3,631,054	\$2.97
Provider Incentive Payment Adjustment									\$0.50
Total	\$105,887,691	(\$785,739)	\$105,101,952	\$1,102,358	(\$29,740)	\$106,174,571		\$114,062,165	\$93.86
Admin Cost Adjustment									\$9.32
Medallion 3.0 Capitation Rate									\$103.19

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$194,571		\$194,571	\$2,017.92	(\$6,163)	\$190,427	0.959	\$182,536	\$1.03
FQHC / RHC	\$9,497		\$9,497	\$135.50		\$9,633	1.121	\$10,795	\$0.06
Home Health	\$11,386		\$11,386	\$117.56		\$11,503	0.971	\$11,170	\$0.06
IP - Maternity	\$3,686,165	\$203,479	\$3,889,645	\$114,920	\$81,984	\$4,086,548	1.083	\$4,424,201	\$24.97
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,588,671	\$87,696	\$1,676,366	\$49,528.34	\$35,334	\$1,761,228	1.083	\$1,906,751	\$10.76
IP - Psych	\$761,962		\$761,962	\$9,462.39	(\$22,239)	\$749,185	1.581	\$1,184,749	\$6.69
Lab	\$524,868		\$524,868	\$4,378.43		\$529,246	0.959	\$507,318	\$2.86
OP - Emergency Room & Related	\$3,185,497		\$3,185,497	\$32,890.69		\$3,218,388	0.971	\$3,125,221	\$17.64
OP - Other	\$2,358,959		\$2,358,959	\$24,356.57		\$2,383,316	0.971	\$2,314,322	\$13.06
Pharmacy	\$4,379,851		\$4,379,851	\$47.82	(\$33,742)	\$4,346,157	1.063	\$4,620,590	\$26.08
Prof - Anesthesia	\$298,401		\$298,401	\$4,257.41		\$302,659	1.121	\$339,173	\$1.91
Prof - Child EPSDT	\$71,484		\$71,484	\$1,019.89	(\$126)	\$72,378	1.121	\$81,110	\$0.46
Prof - Evaluation & Management	\$4,666,767		\$4,666,767	\$65,162.86	\$23,582	\$4,755,513	1.121	\$5,329,239	\$30.08
Prof - Maternity	\$1,926,541		\$1,926,541	\$27,487	(\$3,390)	\$1,950,638	1.121	\$2,185,971	\$12.34
Prof - Other	\$1,269,429		\$1,269,429	\$18,067.67	(\$2,234)	\$1,285,263	1.121	\$1,440,323	\$8.13
Prof - Psych	\$452,974		\$452,974	\$6,461.76	(\$797)	\$458,638	1.121	\$513,970	\$2.90
Prof - Specialist	\$522,919		\$522,919	\$7,460.69	(\$920)	\$529,459	1.121	\$593,335	\$3.35
Prof - Vision	\$392,318		\$392,318	\$2,910.79	(\$686)	\$394,544	1.121	\$442,143	\$2.50
Radiology	\$776,034		\$776,034	\$8,048.32		\$784,082	0.959	\$751,594	\$4.24
Transportation/Ambulance	\$699,209		\$699,209	\$2,445.27		\$701,654	0.959	\$672,582	\$3.80
Provider Incentive Payment Adjustment									\$0.93
Total	\$27,777,503	\$291,175	\$28,068,678	\$381,176	\$70,604	\$28,520,459		\$30,637,094	\$173.87
Admin Cost Adjustment									\$17.27
Medallion 3.0 Capitation Rate									\$191.14

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$863,913		\$863,913	\$8,295.88	(\$25,188)	\$847,020	1.076	\$911,088	\$3.87
FQHC / RHC	\$8,245		\$8,245	\$88.61		\$8,333	1.097	\$9,143	\$0.04
Home Health	\$102,315		\$102,315	\$1,196.58		\$103,511	1.067	\$110,422	\$0.47
IP - Maternity	\$24,280,491	\$102,023	\$24,382,514	\$258,070	\$504,457	\$25,145,041	1.143	\$28,743,414	\$122.01
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$11,991,226	\$50,385	\$12,041,612	\$127,451.00	\$249,133	\$12,418,195	1.143	\$14,195,297	\$60.26
IP - Psych	\$1,009,676		\$1,009,676	\$9,010.16	(\$29,368)	\$989,318	1.158	\$1,146,015	\$4.86
Lab	\$1,609,238		\$1,609,238	\$14,143.64		\$1,623,382	1.076	\$1,746,173	\$7.41
OP - Emergency Room & Related	\$12,803,679		\$12,803,679	\$149,739.62		\$12,953,419	1.067	\$13,818,151	\$58.66
OP - Other	\$12,568,752		\$12,568,752	\$146,992.14		\$12,715,744	1.067	\$13,564,610	\$57.58
Pharmacy	\$19,140,636	\$1,122,246	\$20,262,882	\$283.77	\$506,572	\$20,769,738	1.143	\$23,745,672	\$100.80
Prof - Anesthesia	\$1,699,694		\$1,699,694	\$18,267.30		\$1,717,961	1.097	\$1,884,999	\$8.00
Prof - Child EPSDT	\$70,325		\$70,325	\$755.82	(\$123)	\$70,958	1.097	\$77,857	\$0.33
Prof - Evaluation & Management	\$12,521,026		\$12,521,026	\$133,231.47	\$63,064	\$12,717,322	1.097	\$13,953,833	\$59.23
Prof - Maternity	\$11,668,419		\$11,668,419	\$125,405	(\$20,460)	\$11,773,364	1.097	\$12,918,093	\$54.84
Prof - Other	\$3,495,156		\$3,495,156	\$37,499.71	(\$6,128)	\$3,526,528	1.097	\$3,869,413	\$16.43
Prof - Psych	\$577,851		\$577,851	\$6,207.87	(\$1,013)	\$583,046	1.097	\$639,736	\$2.72
Prof - Specialist	\$3,110,585		\$3,110,585	\$33,430.74	(\$5,454)	\$3,138,562	1.097	\$3,443,726	\$14.62
Prof - Vision	\$354,393		\$354,393	\$1,888.82	(\$618)	\$355,664	1.097	\$390,246	\$1.66
Radiology	\$4,936,296		\$4,936,296	\$47,401.71		\$4,983,698	1.076	\$5,360,661	\$22.76
Transportation/Ambulance	\$1,338,403		\$1,338,403	\$7,022.28		\$1,345,425	1.076	\$1,447,192	\$6.14
Provider Incentive Payment Adjustment									\$3.23
Total	\$124,150,320	\$1,274,654	\$125,424,974	\$1,126,382	\$1,234,873	\$127,786,229		\$141,975,741	\$605.90
Admin Cost Adjustment									\$49.70
Medallion 3.0 Capitation Rate									\$655.60

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$160,849		\$160,849	\$1,668.18	(\$5,094)	\$157,422	0.959	\$150,900	\$0.91
FQHC / RHC	\$6,422		\$6,422	\$91.63		\$6,514	1.121	\$7,299	\$0.04
Home Health	\$4,780		\$4,780	\$49.35		\$4,829	0.971	\$4,690	\$0.03
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$2,114,609	\$25,289	\$2,139,898	\$65,924.98	\$45,159	\$2,250,982	1.083	\$2,436,970	\$14.75
IP - Psych	\$694,526		\$694,526	\$8,625.45	(\$20,271)	\$682,881	1.581	\$1,079,897	\$6.54
Lab	\$249,813		\$249,813	\$1,599.98		\$251,413	0.959	\$240,996	\$1.46
OP - Emergency Room & Related	\$1,760,913		\$1,760,913	\$18,181.67		\$1,779,095	0.971	\$1,727,593	\$10.45
OP - Other	\$1,899,526		\$1,899,526	\$19,612.86		\$1,919,139	0.971	\$1,863,582	\$11.28
Pharmacy	\$3,575,027		\$3,575,027	\$39.03	(\$27,542)	\$3,547,525	1.063	\$3,771,529	\$22.82
Prof - Anesthesia	\$99,161		\$99,161	\$1,414.77		\$100,576	1.121	\$112,710	\$0.68
Prof - Child EPSDT	\$155,348		\$155,348	\$2,216.42	(\$273)	\$157,291	1.121	\$176,268	\$1.07
Prof - Evaluation & Management	\$3,053,478		\$3,053,478	\$42,234.32	\$15,428	\$3,111,140	1.121	\$3,486,482	\$21.10
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$3,800,477		\$3,800,477	\$54,182.35	(\$6,687)	\$3,847,972	1.121	\$4,312,209	\$26.10
Prof - Psych	\$263,615		\$263,615	\$3,760.73	(\$464)	\$266,912	1.121	\$299,114	\$1.81
Prof - Specialist	\$582,740		\$582,740	\$8,314.19	(\$1,025)	\$590,029	1.121	\$661,212	\$4.00
Prof - Vision	\$321,039		\$321,039	\$2,076.28	(\$561)	\$322,555	1.121	\$361,469	\$2.19
Radiology	\$220,380		\$220,380	\$2,285.58		\$222,665	0.959	\$213,439	\$1.29
Transportation/Ambulance	\$627,032		\$627,032	\$2,020.40		\$629,052	0.959	\$602,988	\$3.65
Provider Incentive Payment Adjustment									\$0.70
Total	\$19,589,735	\$25,289	\$19,615,024	\$234,298	(\$1,330)	\$19,847,992		\$21,509,347	\$130.87
Admin Cost Adjustment									\$13.00
Medallion 3.0 Capitation Rate									\$143.87

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$157,056		\$157,056	\$1,508.16	(\$4,579)	\$153,985	1.076	\$165,632	\$5.80
FQHC / RHC	\$49		\$49	\$0.53		\$50	1.097	\$55	\$0.00
Home Health	\$21,313		\$21,313	\$249.25		\$21,562	1.067	\$23,001	\$0.81
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$2,115,516	\$8,889	\$2,124,405	\$22,485.16	\$43,952	\$2,190,842	1.143	\$2,504,362	\$87.67
IP - Psych	\$115,292		\$115,292	\$1,028.78	(\$3,353)	\$112,967	1.158	\$130,860	\$4.58
Lab	\$55,761		\$55,761	\$380.71		\$56,142	1.076	\$60,388	\$2.11
OP - Emergency Room & Related	\$1,019,229		\$1,019,229	\$11,919.93		\$1,031,149	1.067	\$1,099,985	\$38.51
OP - Other	\$848,447		\$848,447	\$9,922.63		\$858,370	1.067	\$915,672	\$32.05
Pharmacy	\$2,092,291	\$122,674	\$2,214,965	\$31.02	\$55,374	\$2,270,371	1.143	\$2,595,674	\$90.87
Prof - Anesthesia	\$51,988		\$51,988	\$558.73		\$52,547	1.097	\$57,656	\$2.02
Prof - Child EPSDT	\$4,387		\$4,387	\$47.15	(\$8)	\$4,426	1.097	\$4,857	\$0.17
Prof - Evaluation & Management	\$953,967		\$953,967	\$10,089.29	\$4,805	\$968,861	1.097	\$1,063,064	\$37.21
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$448,150		\$448,150	\$4,806.59	(\$786)	\$452,171	1.097	\$496,135	\$17.37
Prof - Psych	\$45,877		\$45,877	\$492.70	(\$80)	\$46,289	1.097	\$50,790	\$1.78
Prof - Specialist	\$311,540		\$311,540	\$3,348.25	(\$546)	\$314,342	1.097	\$344,906	\$12.07
Prof - Vision	\$46,503		\$46,503	\$260.61	(\$81)	\$46,683	1.097	\$51,222	\$1.79
Radiology	\$183,776		\$183,776	\$1,764.74		\$185,541	1.076	\$199,575	\$6.99
Transportation/Ambulance	\$138,916		\$138,916	\$637.50		\$139,553	1.076	\$150,109	\$5.25
Provider Incentive Payment Adjustment									\$1.86
Total	\$8,610,058	\$131,563	\$8,741,621	\$69,532	\$94,697	\$8,905,850		\$9,913,944	\$348.91
Admin Cost Adjustment									\$28.62
Medallion 3.0 Capitation Rate									\$377.53

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$362,605		\$362,605	\$3,481.98	(\$10,572)	\$355,515	1.076	\$382,406	\$9.48
FQHC / RHC	\$2,530		\$2,530	\$27.19		\$2,557	1.097	\$2,806	\$0.07
Home Health	\$46,186		\$46,186	\$540.14		\$46,726	1.067	\$49,845	\$1.24
IP - Maternity	\$64,848	\$272	\$65,121	\$689	\$1,347	\$67,157	1.143	\$76,768	\$1.90
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$5,168,966	\$21,719	\$5,190,685	\$54,939.33	\$107,392	\$5,353,016	1.143	\$6,119,058	\$151.73
IP - Psych	\$166,667		\$166,667	\$1,487.57	(\$4,848)	\$163,307	1.158	\$189,173	\$4.69
Lab	\$204,317		\$204,317	\$1,734.30		\$206,051	1.076	\$221,636	\$5.50
OP - Emergency Room & Related	\$1,674,816		\$1,674,816	\$19,587.05		\$1,694,403	1.067	\$1,807,516	\$44.82
OP - Other	\$2,841,148		\$2,841,148	\$33,227.36		\$2,874,375	1.067	\$3,066,260	\$76.03
Pharmacy	\$6,052,492	\$354,867	\$6,407,359	\$89.73	\$160,184	\$6,567,633	1.143	\$7,508,658	\$186.19
Prof - Anesthesia	\$155,819		\$155,819	\$1,674.65		\$157,494	1.097	\$172,807	\$4.28
Prof - Child EPSDT	\$11,587		\$11,587	\$124.53	(\$20)	\$11,691	1.097	\$12,828	\$0.32
Prof - Evaluation & Management	\$2,494,009		\$2,494,009	\$26,573.89	\$12,562	\$2,533,145	1.097	\$2,779,443	\$68.92
Prof - Maternity	\$26,372		\$26,372	\$283	(\$46)	\$26,609	1.097	\$29,196	\$0.72
Prof - Other	\$1,161,166		\$1,161,166	\$12,471.48	(\$2,036)	\$1,171,602	1.097	\$1,285,517	\$31.88
Prof - Psych	\$138,168		\$138,168	\$1,484.82	(\$242)	\$139,411	1.097	\$152,966	\$3.79
Prof - Specialist	\$926,250		\$926,250	\$9,954.79	(\$1,624)	\$934,581	1.097	\$1,025,451	\$25.43
Prof - Vision	\$161,094		\$161,094	\$1,411.67	(\$282)	\$162,224	1.097	\$177,997	\$4.41
Radiology	\$682,009		\$682,009	\$6,549.12		\$688,558	1.076	\$740,640	\$18.36
Transportation/Ambulance	\$266,865		\$266,865	\$1,552.64		\$268,417	1.076	\$288,720	\$7.16
Provider Incentive Payment Adjustment									\$3.46
Total	\$22,607,914	\$376,859	\$22,984,772	\$177,885	\$261,814	\$23,424,471		\$26,089,691	\$650.38
Admin Cost Adjustment									\$53.35
Medallion 3.0 Capitation Rate									\$703.73

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$263,448		\$263,448	\$2,732.24	(\$10,763)	\$255,417	0.959	\$244,834	\$3.52
FQHC / RHC	\$781,253		\$781,253	\$11,146.46		\$792,400	1.121	\$887,999	\$12.76
Home Health	\$24,701		\$24,701	\$255.04		\$24,956	0.971	\$24,233	\$0.35
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$13,655,364	\$246,303	\$13,901,667	\$425,719.18	\$293,319	\$14,620,706	1.083	\$15,828,747	\$227.48
IP - Other	\$2,238,082	\$40,369	\$2,278,451	\$69,774.37	\$48,074	\$2,396,299	1.083	\$2,594,294	\$37.28
IP - Psych	\$98,195		\$98,195	\$35.43	(\$2,832)	\$95,398	1.581	\$150,861	\$2.17
Lab	\$122,425		\$122,425	\$1,114.46		\$123,539	0.959	\$118,421	\$1.70
OP - Emergency Room & Related	\$693,099		\$693,099	\$7,156.34		\$700,255	0.971	\$679,984	\$9.77
OP - Other	\$959,837		\$959,837	\$9,910.44		\$969,747	0.971	\$941,674	\$13.53
Pharmacy	\$1,396,628		\$1,396,628	\$15.25	(\$10,759)	\$1,385,884	1.063	\$1,473,394	\$21.17
Prof - Anesthesia	\$76,371		\$76,371	\$1,089.62		\$77,461	1.121	\$86,806	\$1.25
Prof - Child EPSDT	\$351,998		\$351,998	\$5,022.10	(\$619)	\$356,401	1.121	\$399,399	\$5.74
Prof - Evaluation & Management	\$6,131,497		\$6,131,497	\$87,251.67	\$30,992	\$6,249,740	1.121	\$7,003,737	\$100.65
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$1,251,588		\$1,251,588	\$17,884.12	(\$2,202)	\$1,267,270	1.121	\$1,420,159	\$20.41
Prof - Psych	\$88,031		\$88,031	\$1.24	(\$153)	\$87,879	1.121	\$98,482	\$1.42
Prof - Specialist	\$447,651		\$447,651	\$6,386.83	(\$788)	\$453,251	1.121	\$507,933	\$7.30
Prof - Vision	\$111,929		\$111,929	\$324.53	(\$195)	\$112,059	1.121	\$125,579	\$1.80
Radiology	\$128,769		\$128,769	\$1,335.47		\$130,104	0.959	\$124,713	\$1.79
Transportation/Ambulance	\$366,283		\$366,283	\$1,941.47		\$368,224	0.959	\$352,967	\$5.07
Provider Incentive Payment Adjustment									\$2.54
Total	\$29,187,149	\$286,672	\$29,473,821	\$649,096	\$344,074	\$30,466,992		\$33,064,217	\$477.72
Admin Cost Adjustment									\$47.46
Medallion 3.0 Capitation Rate									\$525.18

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$395,892		\$395,892	\$4,105.83	(\$16,174)	\$383,823	0.959	\$367,920	\$1.34
FQHC / RHC	\$1,140,190		\$1,140,190	\$16,267.56		\$1,156,458	1.121	\$1,295,978	\$4.73
Home Health	\$3,626		\$3,626	\$37.44		\$3,663	0.971	\$3,557	\$0.01
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$3,993,275	(\$251,021)	\$3,742,255	\$124,494.23	\$79,162	\$3,945,911	1.083	\$4,271,944	\$15.60
IP - Psych	\$408,759		\$408,759	\$270.70	(\$11,792)	\$397,238	1.581	\$628,186	\$2.29
Lab	\$495,431		\$495,431	\$4,559.36		\$499,990	0.959	\$479,274	\$1.75
OP - Emergency Room & Related	\$1,883,469		\$1,883,469	\$19,447.08		\$1,902,916	0.971	\$1,847,830	\$6.75
OP - Other	\$3,536,470		\$3,536,470	\$36,514.53		\$3,572,984	0.971	\$3,469,552	\$12.67
Pharmacy	\$4,507,008		\$4,507,008	\$49.21	(\$34,721)	\$4,472,336	1.063	\$4,754,736	\$17.36
Prof - Anesthesia	\$233,552		\$233,552	\$3,332.18		\$236,884	1.121	\$265,463	\$0.97
Prof - Child EPSDT	\$311,131		\$311,131	\$4,439.03	(\$547)	\$315,022	1.121	\$353,028	\$1.29
Prof - Evaluation & Management	\$6,679,958		\$6,679,958	\$94,458.48	\$33,761	\$6,808,178	1.121	\$7,629,547	\$27.86
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$2,080,973		\$2,080,973	\$29,798.15	(\$3,662)	\$2,107,110	1.121	\$2,361,321	\$8.62
Prof - Psych	\$461,265		\$461,265	\$1,488.49	(\$803)	\$461,951	1.121	\$517,683	\$1.89
Prof - Specialist	\$715,861		\$715,861	\$10,213.48	(\$1,260)	\$724,815	1.121	\$812,260	\$2.97
Prof - Vision	\$462,785		\$462,785	\$1,554.92	(\$806)	\$463,534	1.121	\$519,457	\$1.90
Radiology	\$169,550		\$169,550	\$1,758.41		\$171,308	0.959	\$164,210	\$0.60
Transportation/Ambulance	\$1,085,009		\$1,085,009	\$3,962.70		\$1,088,972	0.959	\$1,043,851	\$3.81
Provider Incentive Payment Adjustment									\$0.60
Total	\$28,564,203	(\$251,021)	\$28,313,183	\$356,752	\$43,159	\$28,713,094		\$30,785,795	\$113.02
Admin Cost Adjustment									\$11.23
Medallion 3.0 Capitation Rate									\$124.25

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$446,887		\$446,887	\$4,634.71	(\$14,154)	\$437,368	0.959	\$419,246	\$1.08
FQHC / RHC	\$825,417		\$825,417	\$11,776.56		\$837,193	1.121	\$938,196	\$2.43
Home Health	\$4,084		\$4,084	\$42.16		\$4,126	0.971	\$4,006	\$0.01
IP - Maternity	\$14,877	\$821	\$15,698	\$464	\$331	\$16,493	1.083	\$17,855	\$0.05
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$2,005,517	\$110,706	\$2,116,224	\$62,523.95	\$44,605	\$2,223,352	1.083	\$2,407,057	\$6.23
IP - Psych	\$1,101,731		\$1,101,731	\$6,921.04	(\$31,961)	\$1,076,691	1.581	\$1,702,662	\$4.40
Lab	\$591,631		\$591,631	\$5,324.03		\$596,955	0.959	\$572,221	\$1.48
OP - Emergency Room & Related	\$1,985,243		\$1,985,243	\$20,497.90		\$2,005,741	0.971	\$1,947,678	\$5.04
OP - Other	\$2,948,323		\$2,948,323	\$30,441.83		\$2,978,765	0.971	\$2,892,534	\$7.48
Pharmacy	\$11,730,482		\$11,730,482	\$128.07	(\$90,370)	\$11,640,240	1.063	\$12,375,248	\$32.01
Prof - Anesthesia	\$130,760		\$130,760	\$1,865.60		\$132,625	1.121	\$148,626	\$0.38
Prof - Child EPSDT	\$82,053		\$82,053	\$1,170.69	(\$144)	\$83,080	1.121	\$93,103	\$0.24
Prof - Evaluation & Management	\$6,526,938		\$6,526,938	\$91,945.61	\$32,986	\$6,651,870	1.121	\$7,454,382	\$19.28
Prof - Maternity	\$12,772		\$12,772	\$182	(\$22)	\$12,932	1.121	\$14,492	\$0.04
Prof - Other	\$1,565,960		\$1,565,960	\$22,529.33	(\$2,756)	\$1,585,734	1.121	\$1,777,044	\$4.60
Prof - Psych	\$1,457,979		\$1,457,979	\$13,636.19	(\$2,553)	\$1,469,062	1.121	\$1,646,296	\$4.26
Prof - Specialist	\$820,869		\$820,869	\$11,711.68	(\$1,444)	\$831,136	1.121	\$931,408	\$2.41
Prof - Vision	\$769,305		\$769,305	\$3,755.15	(\$1,341)	\$771,719	1.121	\$864,822	\$2.24
Radiology	\$375,277		\$375,277	\$3,892.03		\$379,169	0.959	\$363,458	\$0.94
Transportation/Ambulance	\$1,522,766		\$1,522,766	\$5,464.66		\$1,528,231	0.959	\$1,464,910	\$3.79
Provider Incentive Payment Adjustment									\$0.53
Total	\$34,918,872	\$111,527	\$35,030,399	\$298,907	(\$66,825)	\$35,262,482		\$38,035,246	\$98.91
Admin Cost Adjustment									\$9.83
Medallion 3.0 Capitation Rate									\$108.74

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$82,341		\$82,341	\$853.96	(\$2,608)	\$80,587	0.959	\$77,248	\$1.13
FQHC / RHC	\$329,455		\$329,455	\$4,700.47		\$334,155	1.121	\$374,469	\$5.46
Home Health	\$5,642		\$5,642	\$58.26		\$5,700	0.971	\$5,535	\$0.08
IP - Maternity	\$1,754,720	\$85,936	\$1,840,656	\$54,705	\$38,803	\$1,934,164	1.083	\$2,093,975	\$30.53
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$947,645	\$46,410	\$994,056	\$29,543.76	\$20,956	\$1,044,555	1.083	\$1,130,862	\$16.49
IP - Psych	\$365,847		\$365,847	\$3,312.02	(\$10,642)	\$358,517	1.581	\$566,953	\$8.27
Lab	\$518,075		\$518,075	\$5,231.86		\$523,307	0.959	\$501,624	\$7.31
OP - Emergency Room & Related	\$1,051,279		\$1,051,279	\$10,854.60		\$1,062,134	0.971	\$1,031,387	\$15.04
OP - Other	\$1,245,386		\$1,245,386	\$12,858.77		\$1,258,244	0.971	\$1,221,820	\$17.82
Pharmacy	\$2,378,899		\$2,378,899	\$25.97	(\$18,327)	\$2,360,598	1.063	\$2,509,655	\$36.60
Prof - Anesthesia	\$140,494		\$140,494	\$2,004.48		\$142,498	1.121	\$159,690	\$2.33
Prof - Child EPSDT	\$40,265		\$40,265	\$574.48	(\$71)	\$40,769	1.121	\$45,687	\$0.67
Prof - Evaluation & Management	\$1,939,673		\$1,939,673	\$27,466.96	\$9,804	\$1,976,944	1.121	\$2,215,451	\$32.31
Prof - Maternity	\$1,107,859		\$1,107,859	\$15,806	(\$1,949)	\$1,121,716	1.121	\$1,257,045	\$18.33
Prof - Other	\$569,737		\$569,737	\$8,166.49	(\$1,003)	\$576,901	1.121	\$646,501	\$9.43
Prof - Psych	\$255,894		\$255,894	\$2,345.80	(\$448)	\$257,792	1.121	\$288,893	\$4.21
Prof - Specialist	\$271,074		\$271,074	\$3,867.52	(\$477)	\$274,464	1.121	\$307,577	\$4.49
Prof - Vision	\$152,924		\$152,924	\$910.35	(\$267)	\$153,567	1.121	\$172,094	\$2.51
Radiology	\$417,586		\$417,586	\$4,330.83		\$421,917	0.959	\$404,435	\$5.90
Transportation/Ambulance	\$358,056		\$358,056	\$1,866.29		\$359,923	0.959	\$345,010	\$5.03
Provider Incentive Payment Adjustment									\$1.20
Total	\$13,932,852	\$132,346	\$14,065,198	\$189,484	\$33,771	\$14,288,453		\$15,355,912	\$225.12
Admin Cost Adjustment									\$22.36
Medallion 3.0 Capitation Rate									\$247.48

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$547,015		\$547,015	\$5,252.81	(\$15,949)	\$536,319	1.076	\$576,886	\$4.30
FQHC / RHC	\$789,040		\$789,040	\$8,480.13		\$797,520	1.097	\$875,063	\$6.53
Home Health	\$50,737		\$50,737	\$593.37		\$51,330	1.067	\$54,757	\$0.41
IP - Maternity	\$8,394,735	\$35,273	\$8,430,009	\$89,225	\$174,411	\$8,693,645	1.143	\$9,937,746	\$74.13
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$5,807,138	\$24,401	\$5,831,539	\$61,722.26	\$120,650	\$6,013,912	1.143	\$6,874,531	\$51.28
IP - Psych	\$745,525		\$745,525	\$4,809.27	(\$21,631)	\$728,703	1.158	\$844,121	\$6.30
Lab	\$1,870,949		\$1,870,949	\$17,715.53		\$1,888,664	1.076	\$2,031,521	\$15.15
OP - Emergency Room & Related	\$4,439,062		\$4,439,062	\$51,915.03		\$4,490,977	1.067	\$4,790,781	\$35.74
OP - Other	\$5,751,399		\$5,751,399	\$67,262.88		\$5,818,662	1.067	\$6,207,099	\$46.30
Pharmacy	\$10,883,796	\$638,134	\$11,521,930	\$161.36	\$288,048	\$11,810,140	1.143	\$13,502,323	\$100.72
Prof - Anesthesia	\$627,052		\$627,052	\$6,739.18		\$633,791	1.097	\$695,415	\$5.19
Prof - Child EPSDT	\$80,636		\$80,636	\$866.63	(\$141)	\$81,361	1.097	\$89,272	\$0.67
Prof - Evaluation & Management	\$5,784,043		\$5,784,043	\$61,872.62	\$29,134	\$5,875,049	1.097	\$6,446,283	\$48.09
Prof - Maternity	\$4,762,343		\$4,762,343	\$51,183	(\$8,351)	\$4,805,175	1.097	\$5,272,384	\$39.33
Prof - Other	\$1,970,209		\$1,970,209	\$21,252.75	(\$3,455)	\$1,988,007	1.097	\$2,181,302	\$16.27
Prof - Psych	\$453,880		\$453,880	\$2,828.57	(\$792)	\$455,917	1.097	\$500,246	\$3.73
Prof - Specialist	\$1,687,546		\$1,687,546	\$18,136.75	(\$2,959)	\$1,702,723	1.097	\$1,868,280	\$13.94
Prof - Vision	\$239,207		\$239,207	\$1,269.91	(\$417)	\$240,059	1.097	\$263,400	\$1.96
Radiology	\$1,952,931		\$1,952,931	\$18,753.39		\$1,971,685	1.076	\$2,120,822	\$15.82
Transportation/Ambulance	\$1,117,095		\$1,117,095	\$7,298.85		\$1,124,394	1.076	\$1,209,443	\$9.02
Provider Incentive Payment Adjustment									\$2.65
Total	\$57,954,337	\$697,808	\$58,652,145	\$497,339	\$558,548	\$59,708,033		\$66,341,673	\$497.53
Admin Cost Adjustment									\$40.81
Medallion 3.0 Capitation Rate									\$538.34

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$91,082		\$91,082	\$944.62	(\$2,885)	\$89,142	0.959	\$85,449	\$1.53
FQHC / RHC	\$141,117		\$141,117	\$2,013.38		\$143,131	1.121	\$160,399	\$2.87
Home Health	\$315		\$315	\$3.25		\$318	0.971	\$309	\$0.01
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$872,560	\$48,166	\$920,726	\$27,202.90	\$19,407	\$967,335	1.083	\$1,047,262	\$18.75
IP - Psych	\$233,549		\$233,549	\$1,926.67	(\$6,789)	\$228,687	1.581	\$361,642	\$6.47
Lab	\$102,806		\$102,806	\$946.60		\$103,752	0.959	\$99,454	\$1.78
OP - Emergency Room & Related	\$477,916		\$477,916	\$4,934.55		\$482,851	0.971	\$468,873	\$8.39
OP - Other	\$689,017		\$689,017	\$7,114.20		\$696,131	0.971	\$675,980	\$12.10
Pharmacy	\$1,664,917		\$1,664,917	\$18.18	(\$12,826)	\$1,652,109	1.063	\$1,756,429	\$31.44
Prof - Anesthesia	\$26,658		\$26,658	\$380.34		\$27,038	1.121	\$30,300	\$0.54
Prof - Child EPSDT	\$9,735		\$9,735	\$138.89	(\$17)	\$9,856	1.121	\$11,045	\$0.20
Prof - Evaluation & Management	\$902,262		\$902,262	\$12,706.65	\$4,560	\$919,529	1.121	\$1,030,465	\$18.45
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$292,213		\$292,213	\$4,193.77	(\$514)	\$295,893	1.121	\$331,590	\$5.94
Prof - Psych	\$190,689		\$190,689	\$1,688.62	(\$334)	\$192,044	1.121	\$215,213	\$3.85
Prof - Specialist	\$216,645		\$216,645	\$3,090.96	(\$381)	\$219,354	1.121	\$245,818	\$4.40
Prof - Vision	\$106,037		\$106,037	\$471.09	(\$185)	\$106,323	1.121	\$119,150	\$2.13
Radiology	\$113,436		\$113,436	\$1,176.45		\$114,612	0.959	\$109,863	\$1.97
Transportation/Ambulance	\$233,277		\$233,277	\$929.37		\$234,207	0.959	\$224,503	\$4.02
Provider Incentive Payment Adjustment									\$0.67
Total	\$6,364,230	\$48,166	\$6,412,396	\$69,880	\$36	\$6,482,313		\$6,973,743	\$125.51
Admin Cost Adjustment									\$12.47
Medallion 3.0 Capitation Rate									\$137.98

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$93,511		\$93,511	\$897.96	(\$2,726)	\$91,683	1.076	\$98,617	\$6.22
FQHC / RHC	\$46,086		\$46,086	\$495.30		\$46,581	1.097	\$51,110	\$3.22
Home Health	\$5,289		\$5,289	\$61.86		\$5,351	1.067	\$5,709	\$0.36
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$1,127,273	\$4,737	\$1,132,010	\$11,981.43	\$23,420	\$1,167,412	1.143	\$1,334,474	\$84.15
IP - Psych	\$86,952		\$86,952	\$580.17	(\$2,523)	\$85,008	1.158	\$98,473	\$6.21
Lab	\$67,270		\$67,270	\$614.09		\$67,884	1.076	\$73,018	\$4.60
OP - Emergency Room & Related	\$446,227		\$446,227	\$5,218.64		\$451,445	1.067	\$481,583	\$30.37
OP - Other	\$636,811		\$636,811	\$7,447.53		\$644,258	1.067	\$687,267	\$43.34
Pharmacy	\$1,284,714	\$75,325	\$1,360,039	\$19.05	\$34,001	\$1,394,059	1.143	\$1,593,803	\$100.50
Prof - Anesthesia	\$18,471		\$18,471	\$198.51		\$18,669	1.097	\$20,484	\$1.29
Prof - Child EPSDT	\$4,681		\$4,681	\$50.31	(\$8)	\$4,723	1.097	\$5,182	\$0.33
Prof - Evaluation & Management	\$492,114		\$492,114	\$5,251.92	\$2,479	\$499,845	1.097	\$548,445	\$34.58
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$210,017		\$210,017	\$2,264.36	(\$368)	\$211,913	1.097	\$232,517	\$14.66
Prof - Psych	\$40,857		\$40,857	\$221.46	(\$71)	\$41,007	1.097	\$44,994	\$2.84
Prof - Specialist	\$184,247		\$184,247	\$1,980.18	(\$323)	\$185,904	1.097	\$203,980	\$12.86
Prof - Vision	\$26,115		\$26,115	\$120.20	(\$46)	\$26,190	1.097	\$28,736	\$1.81
Radiology	\$111,045		\$111,045	\$1,066.33		\$112,111	1.076	\$120,591	\$7.60
Transportation/Ambulance	\$113,857		\$113,857	\$697.77		\$114,555	1.076	\$123,219	\$7.77
Provider Incentive Payment Adjustment									\$1.94
Total	\$4,995,535	\$80,061	\$5,075,596	\$39,167	\$53,834	\$5,168,597		\$5,752,202	\$364.65
Admin Cost Adjustment									\$29.91
Medallion 3.0 Capitation Rate									\$394.56

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$216,762		\$216,762	\$2,081.50	(\$6,320)	\$212,524	1.076	\$228,599	\$16.26
FQHC / RHC	\$89,541		\$89,541	\$962.33		\$90,503	1.097	\$99,303	\$7.06
Home Health	\$22,552		\$22,552	\$263.75		\$22,816	1.067	\$24,339	\$1.73
IP - Maternity	\$8,384	\$35	\$8,419	\$89	\$174	\$8,683	1.143	\$9,925	\$0.71
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$1,535,092	\$6,450	\$1,541,542	\$16,316.01	\$31,893	\$1,589,752	1.143	\$1,817,253	\$129.24
IP - Psych	\$62,437		\$62,437	\$378.45	(\$1,811)	\$61,004	1.158	\$70,667	\$5.03
Lab	\$167,026		\$167,026	\$1,575.83		\$168,601	1.076	\$181,354	\$12.90
OP - Emergency Room & Related	\$407,702		\$407,702	\$4,768.10		\$412,470	1.067	\$440,006	\$31.29
OP - Other	\$1,088,099		\$1,088,099	\$12,725.37		\$1,100,824	1.067	\$1,174,312	\$83.52
Pharmacy	\$2,384,770	\$139,823	\$2,524,593	\$35.36	\$63,115	\$2,587,744	1.143	\$2,958,521	\$210.41
Prof - Anesthesia	\$35,460		\$35,460	\$381.10		\$35,841	1.097	\$39,326	\$2.80
Prof - Child EPSDT	\$7,014		\$7,014	\$75.38	(\$12)	\$7,077	1.097	\$7,765	\$0.55
Prof - Evaluation & Management	\$695,389		\$695,389	\$7,441.77	\$3,503	\$706,333	1.097	\$775,010	\$55.12
Prof - Maternity	\$7,932		\$7,932	\$85	(\$14)	\$8,004	1.097	\$8,782	\$0.62
Prof - Other	\$614,349		\$614,349	\$6,608.36	(\$1,077)	\$619,881	1.097	\$680,152	\$48.37
Prof - Psych	\$42,885		\$42,885	\$262.26	(\$75)	\$43,073	1.097	\$47,261	\$3.36
Prof - Specialist	\$328,318		\$328,318	\$3,528.57	(\$576)	\$331,271	1.097	\$363,480	\$25.85
Prof - Vision	\$40,922		\$40,922	\$298.50	(\$72)	\$41,149	1.097	\$45,150	\$3.21
Radiology	\$201,089		\$201,089	\$1,931.00		\$203,020	1.076	\$218,376	\$15.53
Transportation/Ambulance	\$131,305		\$131,305	\$909.64		\$132,215	1.076	\$142,216	\$10.11
Provider Incentive Payment Adjustment									\$3.55
Total	\$8,087,031	\$146,308	\$8,233,339	\$60,718	\$88,729	\$8,382,785		\$9,331,798	\$667.22
Admin Cost Adjustment									\$54.73
Medallion 3.0 Capitation Rate									\$721.95

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,021,683		\$1,021,683	\$10,595.97	(\$41,741)	\$990,539	0.959	\$949,497	\$5.57
FQHC / RHC	\$149,140		\$149,140	\$2,127.84		\$151,267	1.121	\$169,517	\$0.99
Home Health	\$385,869		\$385,869	\$3,984.15		\$389,854	0.971	\$378,568	\$2.22
IP - Maternity	\$2,838	\$33	\$2,871	\$88	\$61	\$3,021	1.083	\$3,270	\$0.02
IP - Newborn	\$37,316,708	\$438,796	\$37,755,504	#####	\$796,772	\$39,715,660	1.083	\$42,997,181	\$252.12
IP - Other	\$5,129,438	\$60,316	\$5,189,754	\$159,915.20	\$109,522	\$5,459,191	1.083	\$5,910,259	\$34.66
IP - Psych	\$257,149		\$257,149	\$9.45	(\$7,414)	\$249,745	1.581	\$394,942	\$2.32
Lab	\$305,543		\$305,543	\$2,521.50		\$308,065	0.959	\$295,300	\$1.73
OP - Emergency Room & Related	\$3,203,728		\$3,203,728	\$33,078.92		\$3,236,807	0.971	\$3,143,106	\$18.43
OP - Other	\$3,255,972		\$3,255,972	\$33,618.36		\$3,289,591	0.971	\$3,194,362	\$18.73
Pharmacy	\$3,169,547		\$3,169,547	\$34.60	(\$24,418)	\$3,145,164	1.063	\$3,343,761	\$19.61
Prof - Anesthesia	\$165,706		\$165,706	\$2,364.19		\$168,070	1.121	\$188,347	\$1.10
Prof - Child EPSDT	\$1,096,691		\$1,096,691	\$15,646.93	(\$1,930)	\$1,110,408	1.121	\$1,244,372	\$7.30
Prof - Evaluation & Management	\$16,776,676		\$16,776,676	\$238,996.81	\$84,800	\$17,100,473	1.121	\$19,163,552	\$112.37
Prof - Maternity	\$998		\$998	\$14	(\$2)	\$1,010	1.121	\$1,132	\$0.01
Prof - Other	\$2,759,665		\$2,759,665	\$39,481.97	(\$4,856)	\$2,794,291	1.121	\$3,131,407	\$18.36
Prof - Psych	\$237,289		\$237,289	\$11.34	(\$412)	\$236,888	1.121	\$265,468	\$1.56
Prof - Specialist	\$1,233,952		\$1,233,952	\$17,605.30	(\$2,171)	\$1,249,386	1.121	\$1,400,118	\$8.21
Prof - Vision	\$240,824		\$240,824	\$780.93	(\$419)	\$241,186	1.121	\$270,283	\$1.58
Radiology	\$273,996		\$273,996	\$2,841.63		\$276,837	0.959	\$265,367	\$1.56
Transportation/Ambulance	\$785,482		\$785,482	\$3,077.28		\$788,559	0.959	\$755,886	\$4.43
Provider Incentive Payment Adjustment									\$2.75
Total	\$77,768,894	\$499,145	\$78,268,039	\$1,730,180	\$907,793	\$80,906,011		\$87,465,695	\$515.61
Admin Cost Adjustment									\$51.22
Medallion 3.0 Capitation Rate									\$566.83

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,517,193		\$1,517,193	\$15,734.95	(\$61,984)	\$1,470,944	0.959	\$1,409,996	\$1.97
FQHC / RHC	\$263,949		\$263,949	\$3,765.87		\$267,715	1.121	\$300,014	\$0.42
Home Health	\$383,349		\$383,349	\$3,958.13		\$387,307	0.971	\$376,096	\$0.53
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$8,574,215	\$369,780	\$8,943,995	\$267,309.46	\$188,580	\$9,399,884	1.083	\$10,176,553	\$14.21
IP - Psych	\$1,128,926		\$1,128,926	\$431.28	(\$32,558)	\$1,096,799	1.581	\$1,734,461	\$2.42
Lab	\$1,319,745		\$1,319,745	\$10,982.56		\$1,330,728	0.959	\$1,275,590	\$1.78
OP - Emergency Room & Related	\$8,850,591		\$8,850,591	\$91,383.55		\$8,941,974	0.971	\$8,683,118	\$12.12
OP - Other	\$13,703,473		\$13,703,473	\$141,490.21		\$13,844,963	0.971	\$13,444,173	\$18.77
Pharmacy	\$12,083,462		\$12,083,462	\$131.92	(\$93,089)	\$11,990,505	1.063	\$12,747,629	\$17.79
Prof - Anesthesia	\$591,748		\$591,748	\$8,442.71		\$600,190	1.121	\$672,600	\$0.94
Prof - Child EPSDT	\$1,033,425		\$1,033,425	\$14,744.30	(\$1,818)	\$1,046,351	1.121	\$1,172,587	\$1.64
Prof - Evaluation & Management	\$20,084,431		\$20,084,431	\$285,047.47	\$101,514	\$20,470,993	1.121	\$22,940,706	\$32.02
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$4,454,359		\$4,454,359	\$64,026.63	(\$7,839)	\$4,510,547	1.121	\$5,054,720	\$7.06
Prof - Psych	\$1,271,210		\$1,271,210	\$3,736.81	(\$2,212)	\$1,272,735	1.121	\$1,426,284	\$1.99
Prof - Specialist	\$2,105,818		\$2,105,818	\$30,044.57	(\$3,705)	\$2,132,157	1.121	\$2,389,391	\$3.34
Prof - Vision	\$1,020,496		\$1,020,496	\$3,466.61	(\$1,776)	\$1,022,186	1.121	\$1,145,507	\$1.60
Radiology	\$403,755		\$403,755	\$4,187.38		\$407,942	0.959	\$391,039	\$0.55
Transportation/Ambulance	\$2,629,663		\$2,629,663	\$5,914.21		\$2,635,577	0.959	\$2,526,374	\$3.53
Provider Incentive Payment Adjustment									\$0.66
Total	\$81,419,808	\$369,780	\$81,789,588	\$954,799	\$85,111	\$82,829,498		\$87,866,839	\$123.31
Admin Cost Adjustment									\$12.25
Medallion 3.0 Capitation Rate									\$135.56

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,344,457		\$1,344,457	\$13,943.49	(\$42,582)	\$1,315,819	0.959	\$1,261,299	\$1.25
FQHC / RHC	\$329,012		\$329,012	\$4,694.15		\$333,707	1.121	\$373,966	\$0.37
Home Health	\$38,414		\$38,414	\$396.63		\$38,811	0.971	\$37,687	\$0.04
IP - Maternity	\$52,431	\$909	\$53,340	\$1,635	\$1,125	\$56,100	1.083	\$60,735	\$0.06
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$8,821,598	\$153,006	\$8,974,604	\$275,021.86	\$189,364	\$9,438,990	1.083	\$10,218,890	\$10.14
IP - Psych	\$3,283,125		\$3,283,125	\$22,260.48	(\$95,291)	\$3,210,095	1.581	\$5,076,392	\$5.04
Lab	\$1,437,627		\$1,437,627	\$11,011.74		\$1,448,638	0.959	\$1,388,615	\$1.38
OP - Emergency Room & Related	\$8,821,558		\$8,821,558	\$91,083.78		\$8,912,641	0.971	\$8,654,634	\$8.59
OP - Other	\$10,721,051		\$10,721,051	\$110,696.30		\$10,831,747	0.971	\$10,518,185	\$10.44
Pharmacy	\$30,092,419		\$30,092,419	\$328.54	(\$231,828)	\$29,860,919	1.063	\$31,746,448	\$31.50
Prof - Anesthesia	\$381,059		\$381,059	\$5,436.73		\$386,496	1.121	\$433,125	\$0.43
Prof - Child EPSDT	\$219,404		\$219,404	\$3,130.32	(\$386)	\$222,148	1.121	\$248,949	\$0.25
Prof - Evaluation & Management	\$18,194,781		\$18,194,781	\$257,456.89	\$91,959	\$18,544,197	1.121	\$20,781,454	\$20.62
Prof - Maternity	\$29,866		\$29,866	\$426	(\$53)	\$30,239	1.121	\$33,888	\$0.03
Prof - Other	\$6,020,989		\$6,020,989	\$86,556.09	(\$10,595)	\$6,096,949	1.121	\$6,832,513	\$6.78
Prof - Psych	\$3,240,938		\$3,240,938	\$26,620.68	(\$5,669)	\$3,261,890	1.121	\$3,655,419	\$3.63
Prof - Specialist	\$2,312,945		\$2,312,945	\$32,999.73	(\$4,070)	\$2,341,875	1.121	\$2,624,409	\$2.60
Prof - Vision	\$1,561,960		\$1,561,960	\$6,527.25	(\$2,721)	\$1,565,766	1.121	\$1,754,668	\$1.74
Radiology	\$833,351		\$833,351	\$8,642.77		\$841,994	0.959	\$807,107	\$0.80
Transportation/Ambulance	\$3,447,053		\$3,447,053	\$5,761.63		\$3,452,815	0.959	\$3,309,751	\$3.28
Provider Incentive Payment Adjustment									\$0.58
Total	\$101,184,038	\$153,915	\$101,337,953	\$964,630	(\$110,745)	\$102,191,837		\$109,818,134	\$109.54
Admin Cost Adjustment									\$10.88
Medallion 3.0 Capitation Rate									\$120.42

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$229,069		\$229,069	\$2,375.70	(\$7,255)	\$224,190	0.959	\$214,901	\$1.21
FQHC / RHC	\$160,368		\$160,368	\$2,288.04		\$162,656	1.121	\$182,280	\$1.03
Home Health	\$19,729		\$19,729	\$203.71		\$19,933	0.971	\$19,356	\$0.11
IP - Maternity	\$4,574,825	(\$35,796)	\$4,539,028	\$142,625	\$95,846	\$4,777,499	1.083	\$5,172,241	\$29.11
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$3,325,174	(\$26,018)	\$3,299,156	\$103,665.52	\$69,665	\$3,472,486	1.083	\$3,759,402	\$21.16
IP - Psych	\$1,357,129		\$1,357,129	\$13,898.75	(\$39,525)	\$1,331,503	1.581	\$2,105,617	\$11.85
Lab	\$863,395		\$863,395	\$8,216.22		\$871,612	0.959	\$835,497	\$4.70
OP - Emergency Room & Related	\$4,282,920		\$4,282,920	\$44,221.73		\$4,327,141	0.971	\$4,201,877	\$23.65
OP - Other	\$4,244,932		\$4,244,932	\$43,829.49		\$4,288,761	0.971	\$4,164,608	\$23.44
Pharmacy	\$5,474,796		\$5,474,796	\$59.77	(\$42,177)	\$5,432,679	1.063	\$5,775,719	\$32.51
Prof - Anesthesia	\$347,527		\$347,527	\$4,958.32		\$352,486	1.121	\$395,011	\$2.22
Prof - Child EPSDT	\$69,176		\$69,176	\$986.97	(\$122)	\$70,042	1.121	\$78,492	\$0.44
Prof - Evaluation & Management	\$4,716,830		\$4,716,830	\$66,906.09	\$23,840	\$4,807,577	1.121	\$5,387,585	\$30.32
Prof - Maternity	\$2,596,070		\$2,596,070	\$37,039	(\$4,568)	\$2,628,542	1.121	\$2,945,661	\$16.58
Prof - Other	\$1,561,257		\$1,561,257	\$22,380.67	(\$2,747)	\$1,580,890	1.121	\$1,771,616	\$9.97
Prof - Psych	\$641,455		\$641,455	\$6,019.20	(\$1,123)	\$646,351	1.121	\$724,329	\$4.08
Prof - Specialist	\$740,546		\$740,546	\$10,565.68	(\$1,303)	\$749,809	1.121	\$840,269	\$4.73
Prof - Vision	\$279,691		\$279,691	\$1,167.86	(\$487)	\$280,371	1.121	\$314,196	\$1.77
Radiology	\$809,471		\$809,471	\$8,395.10		\$817,866	0.959	\$783,978	\$4.41
Transportation/Ambulance	\$850,215		\$850,215	\$3,578.97		\$853,794	0.959	\$818,418	\$4.61
Provider Incentive Payment Adjustment									\$1.22
Total	\$37,144,577	(\$61,815)	\$37,082,762	\$523,382	\$90,043	\$37,696,187		\$40,491,053	\$229.13
Admin Cost Adjustment									\$22.76
Medallion 3.0 Capitation Rate									\$251.89

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,429,871		\$1,429,871	\$13,730.61	(\$41,689)	\$1,401,913	1.076	\$1,507,952	\$3.99
FQHC / RHC	\$713,780		\$713,780	\$7,671.29		\$721,451	1.097	\$791,598	\$2.09
Home Health	\$196,451		\$196,451	\$2,297.50		\$198,748	1.067	\$212,016	\$0.56
IP - Maternity	\$23,325,027	(\$66,543)	\$23,258,484	\$247,914	\$481,238	\$23,987,636	1.143	\$27,420,379	\$72.52
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$17,652,496	(\$50,360)	\$17,602,136	\$187,622.87	\$364,203	\$18,153,962	1.143	\$20,751,879	\$54.89
IP - Psych	\$1,982,786		\$1,982,786	\$13,149.96	(\$57,541)	\$1,938,395	1.158	\$2,245,414	\$5.94
Lab	\$3,181,502		\$3,181,502	\$29,079.41		\$3,210,581	1.076	\$3,453,427	\$9.13
OP - Emergency Room & Related	\$20,113,546		\$20,113,546	\$235,228.85		\$20,348,775	1.067	\$21,707,200	\$57.41
OP - Other	\$22,210,685		\$22,210,685	\$259,754.98		\$22,470,440	1.067	\$23,970,501	\$63.40
Pharmacy	\$30,207,826	\$1,771,133	\$31,978,959	\$447.85	\$799,475	\$32,778,881	1.143	\$37,475,512	\$99.12
Prof - Anesthesia	\$1,747,917		\$1,747,917	\$18,785.58		\$1,766,702	1.097	\$1,938,480	\$5.13
Prof - Child EPSDT	\$128,450		\$128,450	\$1,380.50	(\$225)	\$129,605	1.097	\$142,207	\$0.38
Prof - Evaluation & Management	\$15,994,921		\$15,994,921	\$171,282.41	\$80,567	\$16,246,770	1.097	\$17,826,450	\$47.15
Prof - Maternity	\$12,197,543		\$12,197,543	\$131,092	(\$21,388)	\$12,307,247	1.097	\$13,503,886	\$35.72
Prof - Other	\$5,466,577		\$5,466,577	\$58,904.88	(\$9,586)	\$5,515,897	1.097	\$6,052,210	\$16.01
Prof - Psych	\$1,478,967		\$1,478,967	\$10,843.37	(\$2,585)	\$1,487,226	1.097	\$1,631,830	\$4.32
Prof - Specialist	\$4,763,941		\$4,763,941	\$51,200.03	(\$8,353)	\$4,806,788	1.097	\$5,274,154	\$13.95
Prof - Vision	\$455,528		\$455,528	\$1,971.34	(\$794)	\$456,706	1.097	\$501,111	\$1.33
Radiology	\$4,824,651		\$4,824,651	\$46,329.62		\$4,870,981	1.076	\$5,239,418	\$13.86
Transportation/Ambulance	\$2,527,833		\$2,527,833	\$13,945.11		\$2,541,778	1.076	\$2,734,036	\$7.23
Provider Incentive Payment Adjustment									\$2.75
Total	\$170,600,299	\$1,654,230	\$172,254,529	\$1,502,633	\$1,583,321	\$175,340,483		\$194,379,661	\$516.87
Admin Cost Adjustment									\$42.40
Medallion 3.0 Capitation Rate									\$559.26

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$278,055		\$278,055	\$2,883.73	(\$8,807)	\$272,132	0.959	\$260,856	\$1.74
FQHC / RHC	\$62,447		\$62,447	\$890.96		\$63,338	1.121	\$70,979	\$0.47
Home Health	\$3,859		\$3,859	\$39.84		\$3,899	0.971	\$3,786	\$0.03
IP - Maternity	\$4,412	(\$786)	\$3,626	\$138	\$77	\$3,840	1.083	\$4,157	\$0.03
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$2,959,771	(\$527,290)	\$2,432,482	\$92,273.74	\$51,688	\$2,576,444	1.083	\$2,789,324	\$18.55
IP - Psych	\$723,755		\$723,755	\$6,416.99	(\$21,050)	\$709,121	1.581	\$1,121,393	\$7.46
Lab	\$189,019		\$189,019	\$1,353.71		\$190,372	0.959	\$182,485	\$1.21
OP - Emergency Room & Related	\$2,169,245		\$2,169,245	\$22,397.75		\$2,191,643	0.971	\$2,128,198	\$14.16
OP - Other	\$2,441,623		\$2,441,623	\$25,210.09		\$2,466,834	0.971	\$2,395,423	\$15.93
Pharmacy	\$4,546,296		\$4,546,296	\$49.64	(\$35,024)	\$4,511,322	1.063	\$4,796,183	\$31.90
Prof - Anesthesia	\$80,975		\$80,975	\$1,155.30		\$82,130	1.121	\$92,039	\$0.61
Prof - Child EPSDT	\$25,682		\$25,682	\$366.42	(\$45)	\$26,003	1.121	\$29,140	\$0.19
Prof - Evaluation & Management	\$2,372,927		\$2,372,927	\$33,525.82	\$11,993	\$2,418,445	1.121	\$2,710,218	\$18.03
Prof - Maternity	\$4,033		\$4,033	\$58	(\$7)	\$4,084	1.121	\$4,576	\$0.03
Prof - Other	\$2,119,081		\$2,119,081	\$30,326.32	(\$3,729)	\$2,145,678	1.121	\$2,404,543	\$15.99
Prof - Psych	\$489,961		\$489,961	\$4,265.28	(\$857)	\$493,369	1.121	\$552,891	\$3.68
Prof - Specialist	\$567,870		\$567,870	\$8,102.03	(\$999)	\$574,973	1.121	\$644,340	\$4.29
Prof - Vision	\$223,204		\$223,204	\$793.38	(\$389)	\$223,609	1.121	\$250,586	\$1.67
Radiology	\$229,568		\$229,568	\$2,380.87		\$231,949	0.959	\$222,338	\$1.48
Transportation/Ambulance	\$566,535		\$566,535	\$1,439.58		\$567,974	0.959	\$544,441	\$3.62
Provider Incentive Payment Adjustment									\$0.76
Total	\$20,058,317	(\$528,075)	\$19,530,241	\$234,067	(\$7,149)	\$19,757,159		\$21,207,896	\$141.82
Admin Cost Adjustment									\$14.09
Medallion 3.0 Capitation Rate									\$155.91

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$237,169		\$237,169	\$2,277.46	(\$6,915)	\$232,532	1.076	\$250,120	\$6.33
FQHC / RHC	\$34,841		\$34,841	\$374.45		\$35,215	1.097	\$38,639	\$0.98
Home Health	\$29,211		\$29,211	\$341.62		\$29,552	1.067	\$31,525	\$0.80
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$2,636,356	\$11,078	\$2,647,433	\$28,021.00	\$54,774	\$2,730,228	1.143	\$3,120,936	\$78.95
IP - Psych	\$237,676		\$237,676	\$1,624.16	(\$6,899)	\$232,401	1.158	\$269,211	\$6.81
Lab	\$99,179		\$99,179	\$802.84		\$99,982	1.076	\$107,544	\$2.72
OP - Emergency Room & Related	\$1,465,030		\$1,465,030	\$17,133.59		\$1,482,163	1.067	\$1,581,108	\$40.00
OP - Other	\$1,399,639		\$1,399,639	\$16,368.84		\$1,416,008	1.067	\$1,510,536	\$38.21
Pharmacy	\$2,872,183	\$168,401	\$3,040,584	\$42.58	\$76,015	\$3,116,641	1.143	\$3,563,200	\$90.14
Prof - Anesthesia	\$54,411		\$54,411	\$584.78		\$54,996	1.097	\$60,343	\$1.53
Prof - Child EPSDT	\$4,231		\$4,231	\$45.48	(\$7)	\$4,269	1.097	\$4,684	\$0.12
Prof - Evaluation & Management	\$1,155,611		\$1,155,611	\$12,357.58	\$5,821	\$1,173,789	1.097	\$1,287,917	\$32.58
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$406,756		\$406,756	\$4,394.03	(\$713)	\$410,437	1.097	\$450,344	\$11.39
Prof - Psych	\$118,468		\$118,468	\$720.86	(\$207)	\$118,982	1.097	\$130,551	\$3.30
Prof - Specialist	\$386,003		\$386,003	\$4,148.54	(\$677)	\$389,475	1.097	\$427,344	\$10.81
Prof - Vision	\$47,085		\$47,085	\$206.87	(\$82)	\$47,209	1.097	\$51,800	\$1.31
Radiology	\$194,726		\$194,726	\$1,869.89		\$196,596	1.076	\$211,466	\$5.35
Transportation/Ambulance	\$201,595		\$201,595	\$840.04		\$202,435	1.076	\$217,747	\$5.51
Provider Incentive Payment Adjustment									\$1.80
Total	\$11,580,170	\$179,478	\$11,759,648	\$92,155	\$121,109	\$11,972,911		\$13,315,017	\$338.64
Admin Cost Adjustment									\$27.78
Medallion 3.0 Capitation Rate									\$366.42

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$439,315		\$439,315	\$4,218.60	(\$12,809)	\$430,725	1.076	\$463,305	\$10.64
FQHC / RHC	\$93,903		\$93,903	\$1,009.21		\$94,912	1.097	\$104,140	\$2.39
Home Health	\$67,269		\$67,269	\$786.72		\$68,056	1.067	\$72,599	\$1.67
IP - Maternity	\$37,612	\$158	\$37,770	\$400	\$781	\$38,951	1.143	\$44,525	\$1.02
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$6,294,001	\$26,446	\$6,320,447	\$66,896.97	\$130,766	\$6,518,110	1.143	\$7,450,882	\$171.09
IP - Psych	\$364,106		\$364,106	\$2,742.19	(\$10,576)	\$356,272	1.158	\$412,701	\$9.48
Lab	\$276,051		\$276,051	\$2,478.11		\$278,529	1.076	\$299,597	\$6.88
OP - Emergency Room & Related	\$2,082,896		\$2,082,896	\$24,359.57		\$2,107,256	1.067	\$2,247,930	\$51.62
OP - Other	\$4,306,061		\$4,306,061	\$50,359.59		\$4,356,421	1.067	\$4,647,243	\$106.71
Pharmacy	\$7,756,040	\$454,749	\$8,210,789	\$114.99	\$205,270	\$8,416,174	1.143	\$9,622,062	\$220.95
Prof - Anesthesia	\$127,179		\$127,179	\$1,366.84		\$128,546	1.097	\$141,044	\$3.24
Prof - Child EPSDT	\$13,058		\$13,058	\$140.33	(\$23)	\$13,175	1.097	\$14,456	\$0.33
Prof - Evaluation & Management	\$2,357,945		\$2,357,945	\$25,270.30	\$11,877	\$2,395,093	1.097	\$2,627,968	\$60.35
Prof - Maternity	\$12,461		\$12,461	\$134	(\$22)	\$12,573	1.097	\$13,795	\$0.32
Prof - Other	\$846,167		\$846,167	\$9,112.90	(\$1,484)	\$853,796	1.097	\$936,811	\$21.51
Prof - Psych	\$213,477		\$213,477	\$1,730.30	(\$373)	\$214,834	1.097	\$235,722	\$5.41
Prof - Specialist	\$987,138		\$987,138	\$10,609.17	(\$1,731)	\$996,016	1.097	\$1,092,859	\$25.09
Prof - Vision	\$98,983		\$98,983	\$726.21	(\$173)	\$99,536	1.097	\$109,214	\$2.51
Radiology	\$507,567		\$507,567	\$4,874.01		\$512,441	1.076	\$551,202	\$12.66
Transportation/Ambulance	\$356,496		\$356,496	\$2,232.54		\$358,729	1.076	\$385,863	\$8.86
Provider Incentive Payment Adjustment									\$3.87
Total	\$27,237,723	\$481,353	\$27,719,077	\$209,562	\$321,504	\$28,250,143		\$31,473,918	\$726.59
Admin Cost Adjustment									\$59.60
Medallion 3.0 Capitation Rate									\$786.19

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$380,229		\$380,229	\$3,943.39	(\$15,534)	\$368,638	0.959	\$353,364	\$4.02
FQHC / RHC	\$247,803		\$247,803	\$3,535.50		\$251,338	1.121	\$281,661	\$3.20
Home Health	\$37,598		\$37,598	\$388.20		\$37,986	0.971	\$36,886	\$0.42
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$21,379,278	(\$1,337,962)	\$20,041,316	\$666,519.67	\$423,944	\$21,131,779	1.083	\$22,877,800	\$260.02
IP - Other	\$2,682,981	(\$167,907)	\$2,515,075	\$83,644.54	\$53,203	\$2,651,922	1.083	\$2,871,038	\$32.63
IP - Psych	\$109,734		\$109,734	\$17.50	(\$3,164)	\$106,587	1.581	\$168,555	\$1.92
Lab	\$154,788		\$154,788	\$1,342.05		\$156,130	0.959	\$149,661	\$1.70
OP - Emergency Room & Related	\$1,285,263		\$1,285,263	\$13,270.52		\$1,298,534	0.971	\$1,260,943	\$14.33
OP - Other	\$1,625,776		\$1,625,776	\$16,786.36		\$1,642,563	0.971	\$1,595,013	\$18.13
Pharmacy	\$1,790,878		\$1,790,878	\$19.55	(\$13,797)	\$1,777,101	1.063	\$1,889,314	\$21.47
Prof - Anesthesia	\$123,631		\$123,631	\$1,763.89		\$125,395	1.121	\$140,523	\$1.60
Prof - Child EPSDT	\$503,909		\$503,909	\$7,189.47	(\$887)	\$510,212	1.121	\$571,766	\$6.50
Prof - Evaluation & Management	\$9,070,123		\$9,070,123	\$129,012.52	\$45,845	\$9,244,981	1.121	\$10,360,337	\$117.75
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$1,461,912		\$1,461,912	\$20,956.65	(\$2,572)	\$1,480,297	1.121	\$1,658,886	\$18.85
Prof - Psych	\$100,140		\$100,140	\$3.14	(\$174)	\$99,969	1.121	\$112,030	\$1.27
Prof - Specialist	\$621,262		\$621,262	\$8,863.80	(\$1,093)	\$629,033	1.121	\$704,922	\$8.01
Prof - Vision	\$142,659		\$142,659	\$520.14	(\$248)	\$142,931	1.121	\$160,174	\$1.82
Radiology	\$163,668		\$163,668	\$1,697.42		\$165,366	0.959	\$158,514	\$1.80
Transportation/Ambulance	\$536,317		\$536,317	\$3,012.06		\$539,330	0.959	\$516,983	\$5.88
Provider Incentive Payment Adjustment									\$2.79
Total	\$42,417,949	(\$1,505,869)	\$40,912,081	\$962,486	\$485,522	\$42,360,089		\$45,868,370	\$524.11
Admin Cost Adjustment									\$52.06
Medallion 3.0 Capitation Rate									\$576.18

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$496,204		\$496,204	\$5,146.18	(\$20,272)	\$481,078	0.959	\$461,145	\$1.34
FQHC / RHC	\$397,781		\$397,781	\$5,675.30		\$403,456	1.121	\$452,131	\$1.32
Home Health	\$48,637		\$48,637	\$502.18		\$49,139	0.971	\$47,716	\$0.14
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$4,205,676	\$221,527	\$4,427,203	\$131,116.01	\$93,321	\$4,651,640	1.083	\$5,035,983	\$14.67
IP - Psych	\$470,268		\$470,268	\$163.37	(\$13,562)	\$456,869	1.581	\$722,486	\$2.10
Lab	\$588,010		\$588,010	\$5,136.11		\$593,146	0.959	\$568,569	\$1.66
OP - Emergency Room & Related	\$3,317,460		\$3,317,460	\$34,253.23		\$3,351,713	0.971	\$3,254,687	\$9.48
OP - Other	\$6,581,647		\$6,581,647	\$67,956.40		\$6,649,604	0.971	\$6,457,108	\$18.81
Pharmacy	\$5,637,215		\$5,637,215	\$61.55	(\$43,428)	\$5,593,848	1.063	\$5,947,064	\$17.32
Prof - Anesthesia	\$356,519		\$356,519	\$5,086.60		\$361,605	1.121	\$405,231	\$1.18
Prof - Child EPSDT	\$466,952		\$466,952	\$6,662.20	(\$822)	\$472,793	1.121	\$529,833	\$1.54
Prof - Evaluation & Management	\$9,625,075		\$9,625,075	\$135,818.31	\$48,645	\$9,809,538	1.121	\$10,993,006	\$32.02
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$2,049,332		\$2,049,332	\$29,723.25	(\$3,607)	\$2,075,449	1.121	\$2,325,840	\$6.77
Prof - Psych	\$534,433		\$534,433	\$1,609.19	(\$930)	\$535,112	1.121	\$599,671	\$1.75
Prof - Specialist	\$816,819		\$816,819	\$11,653.89	(\$1,437)	\$827,035	1.121	\$926,813	\$2.70
Prof - Vision	\$536,581		\$536,581	\$1,750.27	(\$934)	\$537,398	1.121	\$602,232	\$1.75
Radiology	\$186,222		\$186,222	\$1,931.33		\$188,153	0.959	\$180,357	\$0.53
Transportation/Ambulance	\$1,473,168		\$1,473,168	\$5,137.69		\$1,478,305	0.959	\$1,417,053	\$4.13
Provider Incentive Payment Adjustment									\$0.64
Total	\$37,787,998	\$221,527	\$38,009,525	\$449,383	\$56,973	\$38,515,882		\$40,926,924	\$119.84
Admin Cost Adjustment									\$11.90
Medallion 3.0 Capitation Rate									\$131.75

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$508,903		\$508,903	\$5,277.88	(\$16,118)	\$498,063	0.959	\$477,426	\$0.93
FQHC / RHC	\$480,533		\$480,533	\$6,855.96		\$487,389	1.121	\$546,189	\$1.06
Home Health	\$62,727		\$62,727	\$647.66		\$63,375	0.971	\$61,540	\$0.12
IP - Maternity	\$22,929	\$1,266	\$24,195	\$715	\$510	\$25,420	1.083	\$27,520	\$0.05
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$3,137,838	\$173,211	\$3,311,049	\$97,825.14	\$69,789	\$3,478,663	1.083	\$3,766,089	\$7.32
IP - Psych	\$1,121,239		\$1,121,239	\$5,057.58	(\$32,470)	\$1,093,827	1.581	\$1,729,760	\$3.36
Lab	\$718,236		\$718,236	\$6,041.69		\$724,278	0.959	\$694,268	\$1.35
OP - Emergency Room & Related	\$3,766,994		\$3,766,994	\$38,894.72		\$3,805,889	0.971	\$3,695,714	\$7.18
OP - Other	\$5,919,674		\$5,919,674	\$61,121.44		\$5,980,796	0.971	\$5,807,661	\$11.29
Pharmacy	\$16,646,966		\$16,646,966	\$181.75	(\$128,246)	\$16,518,902	1.063	\$17,561,966	\$34.13
Prof - Anesthesia	\$209,212		\$209,212	\$2,984.92		\$212,197	1.121	\$237,798	\$0.46
Prof - Child EPSDT	\$119,687		\$119,687	\$1,707.62	(\$211)	\$121,184	1.121	\$135,804	\$0.26
Prof - Evaluation & Management	\$9,256,658		\$9,256,658	\$129,941.03	\$46,779	\$9,433,379	1.121	\$10,571,465	\$20.54
Prof - Maternity	\$13,875		\$13,875	\$198	(\$24)	\$14,048	1.121	\$15,743	\$0.03
Prof - Other	\$2,650,924		\$2,650,924	\$38,594.27	(\$4,666)	\$2,684,853	1.121	\$3,008,765	\$5.85
Prof - Psych	\$1,467,891		\$1,467,891	\$11,546.29	(\$2,567)	\$1,476,871	1.121	\$1,655,047	\$3.22
Prof - Specialist	\$1,032,175		\$1,032,175	\$14,726.46	(\$1,816)	\$1,045,085	1.121	\$1,171,169	\$2.28
Prof - Vision	\$838,656		\$838,656	\$3,067.54	(\$1,460)	\$840,264	1.121	\$941,637	\$1.83
Radiology	\$393,741		\$393,741	\$4,083.53		\$397,825	0.959	\$381,341	\$0.74
Transportation/Ambulance	\$2,053,701		\$2,053,701	\$5,981.05		\$2,059,682	0.959	\$1,974,341	\$3.84
Provider Incentive Payment Adjustment									\$0.57
Total	\$50,422,560	\$174,477	\$50,597,037	\$435,449	(\$70,500)	\$50,961,987		\$54,461,244	\$106.39
Admin Cost Adjustment									\$10.57
Medallion 3.0 Capitation Rate									\$116.96

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$124,175		\$124,175	\$1,287.83	(\$3,933)	\$121,529	0.959	\$116,494	\$1.25
FQHC / RHC	\$221,868		\$221,868	\$3,165.48		\$225,034	1.121	\$252,183	\$2.70
Home Health	\$28,818		\$28,818	\$297.55		\$29,116	0.971	\$28,273	\$0.30
IP - Maternity	\$2,619,271	\$144,586	\$2,763,857	\$81,658	\$58,255	\$2,903,770	1.083	\$3,143,695	\$33.72
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$977,259	\$53,945	\$1,031,204	\$30,466.98	\$21,735	\$1,083,406	1.083	\$1,172,923	\$12.58
IP - Psych	\$392,440		\$392,440	\$3,212.08	(\$11,406)	\$384,246	1.581	\$607,640	\$6.52
Lab	\$454,664		\$454,664	\$4,457.06		\$459,121	0.959	\$440,098	\$4.72
OP - Emergency Room & Related	\$2,012,486		\$2,012,486	\$20,779.19		\$2,033,265	0.971	\$1,974,405	\$21.18
OP - Other	\$2,310,026		\$2,310,026	\$23,851.33		\$2,333,877	0.971	\$2,266,315	\$24.31
Pharmacy	\$3,135,320		\$3,135,320	\$34.23	(\$24,154)	\$3,111,200	1.063	\$3,307,652	\$35.48
Prof - Anesthesia	\$181,130		\$181,130	\$2,584.25		\$183,714	1.121	\$205,878	\$2.21
Prof - Child EPSDT	\$65,680		\$65,680	\$937.08	(\$116)	\$66,502	1.121	\$74,525	\$0.80
Prof - Evaluation & Management	\$2,589,125		\$2,589,125	\$36,593.16	\$13,086	\$2,638,804	1.121	\$2,957,161	\$31.72
Prof - Maternity	\$1,566,305		\$1,566,305	\$22,347	(\$2,756)	\$1,585,896	1.121	\$1,777,226	\$19.06
Prof - Other	\$712,982		\$712,982	\$10,324.11	(\$1,255)	\$722,051	1.121	\$809,163	\$8.68
Prof - Psych	\$333,623		\$333,623	\$2,998.92	(\$584)	\$336,038	1.121	\$376,579	\$4.04
Prof - Specialist	\$362,764		\$362,764	\$5,175.70	(\$638)	\$367,301	1.121	\$411,614	\$4.41
Prof - Vision	\$172,076		\$172,076	\$835.30	(\$300)	\$172,611	1.121	\$193,435	\$2.07
Radiology	\$468,321		\$468,321	\$4,857.01		\$473,178	0.959	\$453,573	\$4.86
Transportation/Ambulance	\$513,679		\$513,679	\$2,523.02		\$516,202	0.959	\$494,814	\$5.31
Provider Incentive Payment Adjustment									\$1.21
Total	\$19,242,011	\$198,531	\$19,440,542	\$258,386	\$47,934	\$19,746,862		\$21,063,646	\$227.13
Admin Cost Adjustment									\$22.56
Medallion 3.0 Capitation Rate									\$249.70

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$643,202		\$643,202	\$6,176.47	(\$18,753)	\$630,625	1.076	\$678,325	\$3.80
FQHC / RHC	\$846,793		\$846,793	\$9,100.83		\$855,894	1.097	\$939,113	\$5.26
Home Health	\$318,976		\$318,976	\$3,730.44		\$322,707	1.067	\$344,250	\$1.93
IP - Maternity	\$11,538,862	\$48,485	\$11,587,347	\$122,643	\$239,734	\$11,949,724	1.143	\$13,659,785	\$76.51
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$7,674,497	\$32,247	\$7,706,744	\$81,569.84	\$159,447	\$7,947,761	1.143	\$9,085,123	\$50.89
IP - Psych	\$783,712		\$783,712	\$4,895.22	(\$22,735)	\$765,872	1.158	\$887,177	\$4.97
Lab	\$1,537,379		\$1,537,379	\$14,277.74		\$1,551,656	1.076	\$1,669,023	\$9.35
OP - Emergency Room & Related	\$7,802,625		\$7,802,625	\$91,252.06		\$7,893,877	1.067	\$8,420,849	\$47.17
OP - Other	\$10,975,524		\$10,975,524	\$128,359.26		\$11,103,883	1.067	\$11,845,146	\$66.34
Pharmacy	\$14,522,885	\$851,500	\$15,374,384	\$215.31	\$384,360	\$15,758,960	1.143	\$18,016,939	\$100.91
Prof - Anesthesia	\$819,652		\$819,652	\$8,809.13		\$828,461	1.097	\$909,013	\$5.09
Prof - Child EPSDT	\$109,499		\$109,499	\$1,176.83	(\$192)	\$110,484	1.097	\$121,226	\$0.68
Prof - Evaluation & Management	\$7,382,838		\$7,382,838	\$78,806.77	\$37,186	\$7,498,831	1.097	\$8,227,946	\$46.08
Prof - Maternity	\$6,340,669		\$6,340,669	\$68,146	(\$11,118)	\$6,397,697	1.097	\$7,019,747	\$39.32
Prof - Other	\$2,238,802		\$2,238,802	\$24,242.04	(\$3,926)	\$2,259,119	1.097	\$2,478,774	\$13.88
Prof - Psych	\$607,602		\$607,602	\$4,197.58	(\$1,061)	\$610,739	1.097	\$670,121	\$3.75
Prof - Specialist	\$2,283,853		\$2,283,853	\$24,545.50	(\$4,005)	\$2,304,394	1.097	\$2,528,451	\$14.16
Prof - Vision	\$243,643		\$243,643	\$1,137.74	(\$425)	\$244,356	1.097	\$268,115	\$1.50
Radiology	\$2,227,060		\$2,227,060	\$21,385.76		\$2,248,445	1.076	\$2,418,516	\$13.55
Transportation/Ambulance	\$1,419,302		\$1,419,302	\$8,762.40		\$1,428,064	1.076	\$1,536,082	\$8.60
Provider Incentive Payment Adjustment									\$2.75
Total	\$80,317,376	\$932,231	\$81,249,607	\$703,430	\$758,513	\$82,711,549		\$91,723,721	\$516.50
Admin Cost Adjustment									\$42.37
Medallion 3.0 Capitation Rate									\$558.86

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$124,727		\$124,727	\$1,293.55	(\$3,950)	\$122,070	0.959	\$117,012	\$1.48
FQHC / RHC	\$72,816		\$72,816	\$1,038.90		\$73,855	1.121	\$82,766	\$1.05
Home Health	\$21,131		\$21,131	\$218.18		\$21,349	0.971	\$20,731	\$0.26
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$962,376	\$53,124	\$1,015,500	\$30,003.01	\$21,404	\$1,066,907	1.083	\$1,155,061	\$14.65
IP - Psych	\$253,960		\$253,960	\$1,689.46	(\$7,370)	\$248,279	1.581	\$392,625	\$4.98
Lab	\$98,919		\$98,919	\$811.42		\$99,731	0.959	\$95,598	\$1.21
OP - Emergency Room & Related	\$993,375		\$993,375	\$10,256.73		\$1,003,631	0.971	\$974,578	\$12.36
OP - Other	\$1,173,140		\$1,173,140	\$12,112.83		\$1,185,253	0.971	\$1,150,942	\$14.59
Pharmacy	\$2,510,410		\$2,510,410	\$27.41	(\$19,340)	\$2,491,097	1.063	\$2,648,394	\$33.58
Prof - Anesthesia	\$39,607		\$39,607	\$565.09		\$40,172	1.121	\$45,019	\$0.57
Prof - Child EPSDT	\$14,962		\$14,962	\$213.47	(\$26)	\$15,149	1.121	\$16,977	\$0.22
Prof - Evaluation & Management	\$1,261,910		\$1,261,910	\$17,721.82	\$6,377	\$1,286,010	1.121	\$1,441,160	\$18.27
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$337,350		\$337,350	\$4,950.73	(\$594)	\$341,707	1.121	\$382,932	\$4.86
Prof - Psych	\$210,941		\$210,941	\$1,457.59	(\$368)	\$212,030	1.121	\$237,610	\$3.01
Prof - Specialist	\$247,712		\$247,712	\$3,534.21	(\$436)	\$250,811	1.121	\$281,070	\$3.56
Prof - Vision	\$122,039		\$122,039	\$377.96	(\$212)	\$122,204	1.121	\$136,947	\$1.74
Radiology	\$111,786		\$111,786	\$1,159.34		\$112,945	0.959	\$108,266	\$1.37
Transportation/Ambulance	\$345,502		\$345,502	\$1,183.19		\$346,685	0.959	\$332,321	\$4.21
Provider Incentive Payment Adjustment									\$0.65
Total	\$8,902,664	\$53,124	\$8,955,788	\$88,615	(\$4,516)	\$9,039,887		\$9,620,008	\$122.64
Admin Cost Adjustment									\$12.18
Medallion 3.0 Capitation Rate									\$134.82

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$124,948		\$124,948	\$1,199.84	(\$3,643)	\$122,505	1.076	\$131,771	\$5.49
FQHC / RHC	\$41,584		\$41,584	\$446.92		\$42,031	1.097	\$46,117	\$1.92
Home Health	\$31,542		\$31,542	\$368.89		\$31,911	1.067	\$34,041	\$1.42
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$1,578,021	\$6,631	\$1,584,652	\$16,772.29	\$32,785	\$1,634,209	1.143	\$1,868,072	\$77.80
IP - Psych	\$125,582		\$125,582	\$871.29	(\$3,646)	\$122,807	1.158	\$142,259	\$5.92
Lab	\$65,410		\$65,410	\$559.01		\$65,969	1.076	\$70,959	\$2.96
OP - Emergency Room & Related	\$982,391		\$982,391	\$11,489.11		\$993,880	1.067	\$1,060,228	\$44.15
OP - Other	\$1,214,092		\$1,214,092	\$14,198.86		\$1,228,291	1.067	\$1,310,288	\$54.57
Pharmacy	\$2,015,826	\$118,191	\$2,134,017	\$29.89	\$53,350	\$2,187,397	1.143	\$2,500,812	\$104.15
Prof - Anesthesia	\$37,942		\$37,942	\$407.78		\$38,350	1.097	\$42,079	\$1.75
Prof - Child EPSDT	\$2,633		\$2,633	\$28.30	(\$5)	\$2,657	1.097	\$2,915	\$0.12
Prof - Evaluation & Management	\$739,823		\$739,823	\$7,872.84	\$3,726	\$751,422	1.097	\$824,483	\$34.34
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$141,512		\$141,512	\$1,536.59	(\$248)	\$142,800	1.097	\$156,685	\$6.53
Prof - Psych	\$63,932		\$63,932	\$409.82	(\$112)	\$64,230	1.097	\$70,475	\$2.93
Prof - Specialist	\$253,814		\$253,814	\$2,727.85	(\$445)	\$256,097	1.097	\$280,997	\$11.70
Prof - Vision	\$36,931		\$36,931	\$185.31	(\$64)	\$37,052	1.097	\$40,655	\$1.69
Radiology	\$123,912		\$123,912	\$1,189.89		\$125,102	1.076	\$134,564	\$5.60
Transportation/Ambulance	\$180,170		\$180,170	\$1,100.30		\$181,271	1.076	\$194,982	\$8.12
Provider Incentive Payment Adjustment									\$1.99
Total	\$7,760,065	\$124,822	\$7,884,886	\$61,395	\$81,700	\$8,027,981		\$8,912,383	\$373.15
Admin Cost Adjustment									\$30.61
Medallion 3.0 Capitation Rate									\$403.76

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$270,643		\$270,643	\$2,598.90	(\$7,891)	\$265,351	1.076	\$285,422	\$13.62
FQHC / RHC	\$141,262		\$141,262	\$1,518.20		\$142,780	1.097	\$156,662	\$7.47
Home Health	\$59,947		\$59,947	\$701.08		\$60,648	1.067	\$64,697	\$3.09
IP - Maternity	\$21,683	\$91	\$21,774	\$230	\$450	\$22,455	1.143	\$25,669	\$1.22
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$3,811,988	\$16,017	\$3,828,005	\$40,516.43	\$79,199	\$3,947,720	1.143	\$4,512,658	\$215.30
IP - Psych	\$120,262		\$120,262	\$822.22	(\$3,491)	\$117,593	1.158	\$136,219	\$6.50
Lab	\$130,631		\$130,631	\$1,195.79		\$131,827	1.076	\$141,798	\$6.77
OP - Emergency Room & Related	\$767,010		\$767,010	\$8,970.21		\$775,980	1.067	\$827,782	\$39.49
OP - Other	\$2,697,669		\$2,697,669	\$31,549.36		\$2,729,218	1.067	\$2,911,413	\$138.90
Pharmacy	\$3,488,864	\$204,558	\$3,693,421	\$51.72	\$92,336	\$3,785,809	1.143	\$4,328,248	\$206.50
Prof - Anesthesia	\$82,089		\$82,089	\$882.24		\$82,971	1.097	\$91,038	\$4.34
Prof - Child EPSDT	\$8,147		\$8,147	\$87.56	(\$14)	\$8,220	1.097	\$9,019	\$0.43
Prof - Evaluation & Management	\$1,093,308		\$1,093,308	\$11,690.28	\$5,507	\$1,110,505	1.097	\$1,218,480	\$58.13
Prof - Maternity	\$11,010		\$11,010	\$118	(\$19)	\$11,109	1.097	\$12,189	\$0.58
Prof - Other	\$314,883		\$314,883	\$3,407.08	(\$552)	\$317,738	1.097	\$348,632	\$16.63
Prof - Psych	\$73,502		\$73,502	\$510.92	(\$128)	\$73,885	1.097	\$81,069	\$3.87
Prof - Specialist	\$530,614		\$530,614	\$5,702.72	(\$930)	\$535,386	1.097	\$587,442	\$28.03
Prof - Vision	\$52,729		\$52,729	\$396.84	(\$92)	\$53,034	1.097	\$58,190	\$2.78
Radiology	\$257,721		\$257,721	\$2,474.81		\$260,196	1.076	\$279,877	\$13.35
Transportation/Ambulance	\$225,231		\$225,231	\$1,584.02		\$226,815	1.076	\$243,971	\$11.64
Provider Incentive Payment Adjustment									\$4.17
Total	\$14,159,191	\$220,666	\$14,379,858	\$115,009	\$164,373	\$14,659,240		\$16,320,474	\$782.82
Admin Cost Adjustment									\$64.21
Medallion 3.0 Capitation Rate									\$847.03

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$523,961		\$523,961	\$5,434.05	(\$21,406)	\$507,989	0.959	\$486,941	\$2.43
FQHC / RHC	\$86,652		\$86,652	\$1,236.30		\$87,888	1.121	\$98,491	\$0.49
Home Health	\$160,553		\$160,553	\$1,657.73		\$162,211	0.971	\$157,515	\$0.79
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$47,565,938	(\$813,655)	\$46,752,283	#####	\$987,501	\$49,222,698	1.083	\$53,289,741	\$265.69
IP - Other	\$4,852,433	(\$83,005)	\$4,769,428	\$151,279.30	\$100,740	\$5,021,447	1.083	\$5,436,346	\$27.10
IP - Psych	\$275,421		\$275,421	\$0.00	(\$7,940)	\$267,480	1.581	\$422,989	\$2.11
Lab	\$411,223		\$411,223	\$2,163.01		\$413,386	0.959	\$396,258	\$1.98
OP - Emergency Room & Related	\$4,503,965		\$4,503,965	\$46,504.05		\$4,550,469	0.971	\$4,418,740	\$22.03
OP - Other	\$5,440,530		\$5,440,530	\$56,174.21		\$5,496,704	0.971	\$5,337,583	\$26.61
Pharmacy	\$3,706,764		\$3,706,764	\$40.47	(\$28,556)	\$3,678,248	1.063	\$3,910,506	\$19.50
Prof - Anesthesia	\$344,004		\$344,004	\$4,908.05		\$348,912	1.121	\$391,007	\$1.95
Prof - Child EPSDT	\$1,500,917		\$1,500,917	\$21,414.19	(\$2,641)	\$1,519,690	1.121	\$1,703,032	\$8.49
Prof - Evaluation & Management	\$21,114,230		\$21,114,230	\$300,870.56	\$106,725	\$21,521,825	1.121	\$24,118,317	\$120.25
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$3,004,644		\$3,004,644	\$43,483.58	(\$5,288)	\$3,042,839	1.121	\$3,409,941	\$17.00
Prof - Psych	\$254,972		\$254,972	\$13.16	(\$442)	\$254,543	1.121	\$285,252	\$1.42
Prof - Specialist	\$1,771,649		\$1,771,649	\$25,276.84	(\$3,117)	\$1,793,809	1.121	\$2,010,222	\$10.02
Prof - Vision	\$342,744		\$342,744	\$1,325.69	(\$597)	\$343,472	1.121	\$384,911	\$1.92
Radiology	\$290,972		\$290,972	\$3,017.70		\$293,990	0.959	\$281,808	\$1.41
Transportation/Ambulance	\$818,020		\$818,020	\$2,190.25		\$820,210	0.959	\$786,225	\$3.92
Provider Incentive Payment Adjustment									\$2.86
Total	\$96,969,591	(\$896,660)	\$96,072,931	\$2,149,903	\$1,124,978	\$99,347,812		\$107,325,827	\$537.96
Admin Cost Adjustment									\$53.44
Medallion 3.0 Capitation Rate									\$591.40

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,350,199		\$1,350,199	\$14,003.04	(\$55,162)	\$1,309,040	0.959	\$1,254,801	\$1.56
FQHC / RHC	\$192,542		\$192,542	\$2,747.08		\$195,290	1.121	\$218,850	\$0.27
Home Health	\$419,946		\$419,946	\$4,336.00		\$424,282	0.971	\$412,000	\$0.51
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$7,563,508	(\$1,369,903)	\$6,193,605	\$235,799.67	\$131,627	\$6,561,031	1.083	\$7,103,139	\$8.81
IP - Psych	\$1,205,755		\$1,205,755	\$468.39	(\$34,774)	\$1,171,449	1.581	\$1,852,511	\$2.30
Lab	\$1,722,635		\$1,722,635	\$9,235.07		\$1,731,870	0.959	\$1,660,112	\$2.06
OP - Emergency Room & Related	\$11,711,909		\$11,711,909	\$120,927.05		\$11,832,836	0.971	\$11,490,294	\$14.25
OP - Other	\$15,674,774		\$15,674,774	\$161,844.17		\$15,836,618	0.971	\$15,378,173	\$19.07
Pharmacy	\$12,433,933		\$12,433,933	\$135.75	(\$95,789)	\$12,338,279	1.063	\$13,117,363	\$16.27
Prof - Anesthesia	\$744,967		\$744,967	\$10,628.76		\$755,596	1.121	\$846,755	\$1.05
Prof - Child EPSDT	\$1,179,902		\$1,179,902	\$16,834.15	(\$2,076)	\$1,194,660	1.121	\$1,338,790	\$1.66
Prof - Evaluation & Management	\$20,686,202		\$20,686,202	\$293,703.30	\$104,556	\$21,084,462	1.121	\$23,628,188	\$29.31
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$4,777,807		\$4,777,807	\$70,831.01	(\$8,411)	\$4,840,226	1.121	\$5,424,173	\$6.73
Prof - Psych	\$1,323,092		\$1,323,092	\$3,505.26	(\$2,301)	\$1,324,296	1.121	\$1,484,065	\$1.84
Prof - Specialist	\$2,085,476		\$2,085,476	\$29,754.34	(\$3,670)	\$2,111,561	1.121	\$2,366,309	\$2.93
Prof - Vision	\$1,207,341		\$1,207,341	\$2,899.12	(\$2,100)	\$1,208,141	1.121	\$1,353,897	\$1.68
Radiology	\$390,841		\$390,841	\$4,053.45		\$394,895	0.959	\$378,533	\$0.47
Transportation/Ambulance	\$2,849,514		\$2,849,514	\$3,942.66		\$2,853,457	0.959	\$2,735,226	\$3.39
Provider Incentive Payment Adjustment									\$0.61
Total	\$87,520,345	(\$1,369,903)	\$86,150,442	\$985,648	\$31,900	\$87,167,990		\$92,043,178	\$114.77
Admin Cost Adjustment									\$11.40
Medallion 3.0 Capitation Rate									\$126.17

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,549,110		\$1,549,110	\$16,065.96	(\$49,064)	\$1,516,112	0.959	\$1,453,293	\$1.26
FQHC / RHC	\$196,112		\$196,112	\$2,798.01		\$198,910	1.121	\$222,907	\$0.19
Home Health	\$41,279		\$41,279	\$426.21		\$41,705	0.971	\$40,498	\$0.04
IP - Maternity	\$56,920	\$3,142	\$60,063	\$1,775	\$1,266	\$63,103	1.083	\$68,317	\$0.06
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$6,669,573	\$368,166	\$7,037,739	\$207,930.39	\$148,338	\$7,394,007	1.083	\$8,004,939	\$6.93
IP - Psych	\$2,872,510		\$2,872,510	\$13,033.15	(\$83,187)	\$2,802,356	1.581	\$4,431,601	\$3.84
Lab	\$2,102,928		\$2,102,928	\$9,026.21		\$2,111,954	0.959	\$2,024,447	\$1.75
OP - Emergency Room & Related	\$11,674,260		\$11,674,260	\$120,538.32		\$11,794,799	0.971	\$11,453,358	\$9.92
OP - Other	\$15,155,977		\$15,155,977	\$156,487.52		\$15,312,465	0.971	\$14,869,193	\$12.88
Pharmacy	\$38,643,062		\$38,643,062	\$421.90	(\$297,701)	\$38,345,783	1.063	\$40,767,077	\$35.31
Prof - Anesthesia	\$528,531		\$528,531	\$7,540.77		\$536,072	1.121	\$600,746	\$0.52
Prof - Child EPSDT	\$283,907		\$283,907	\$4,050.61	(\$500)	\$287,458	1.121	\$322,138	\$0.28
Prof - Evaluation & Management	\$19,743,355		\$19,743,355	\$279,810.95	\$99,788	\$20,122,955	1.121	\$22,550,680	\$19.53
Prof - Maternity	\$28,984		\$28,984	\$414	(\$51)	\$29,346	1.121	\$32,887	\$0.03
Prof - Other	\$7,440,904		\$7,440,904	\$110,427.38	(\$13,100)	\$7,538,231	1.121	\$8,447,678	\$7.32
Prof - Psych	\$3,337,148		\$3,337,148	\$23,619.58	(\$5,830)	\$3,354,937	1.121	\$3,759,692	\$3.26
Prof - Specialist	\$2,624,233		\$2,624,233	\$37,441.01	(\$4,618)	\$2,657,057	1.121	\$2,977,616	\$2.58
Prof - Vision	\$1,741,953		\$1,741,953	\$4,337.59	(\$3,029)	\$1,743,262	1.121	\$1,953,577	\$1.69
Radiology	\$761,654		\$761,654	\$7,899.18		\$769,553	0.959	\$737,667	\$0.64
Transportation/Ambulance	\$3,990,788		\$3,990,788	\$3,971.84		\$3,994,760	0.959	\$3,829,241	\$3.32
Provider Incentive Payment Adjustment									\$0.60
Total	\$119,443,189	\$371,308	\$119,814,497	\$1,008,015	(\$207,688)	\$120,614,823		\$128,547,550	\$111.95
Admin Cost Adjustment									\$11.12
Medallion 3.0 Capitation Rate									\$123.07

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$370,685		\$370,685	\$3,844.41	(\$11,740)	\$362,789	0.959	\$347,757	\$1.67
FQHC / RHC	\$161,855		\$161,855	\$2,309.25		\$164,164	1.121	\$183,969	\$0.88
Home Health	\$21,123		\$21,123	\$218.10		\$21,341	0.971	\$20,724	\$0.10
IP - Maternity	\$5,698,047	\$314,537	\$6,012,583	\$177,642	\$126,730	\$6,316,956	1.083	\$6,838,896	\$32.77
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,946,839	\$107,467	\$2,054,306	\$60,694.58	\$43,300	\$2,158,300	1.083	\$2,336,630	\$11.20
IP - Psych	\$848,358		\$848,358	\$6,316.89	(\$24,639)	\$830,035	1.581	\$1,312,604	\$6.29
Lab	\$625,697		\$625,697	\$4,138.13		\$629,836	0.959	\$603,739	\$2.89
OP - Emergency Room & Related	\$6,013,258		\$6,013,258	\$62,087.71		\$6,075,346	0.971	\$5,899,474	\$28.27
OP - Other	\$5,119,499		\$5,119,499	\$52,859.52		\$5,172,358	0.971	\$5,022,627	\$24.06
Pharmacy	\$7,570,940		\$7,570,940	\$82.66	(\$58,325)	\$7,512,697	1.063	\$7,987,077	\$38.27
Prof - Anesthesia	\$501,809		\$501,809	\$7,159.51		\$508,968	1.121	\$570,372	\$2.73
Prof - Child EPSDT	\$195,466		\$195,466	\$2,788.80	(\$344)	\$197,911	1.121	\$221,788	\$1.06
Prof - Evaluation & Management	\$5,037,445		\$5,037,445	\$71,548.39	\$25,461	\$5,134,455	1.121	\$5,753,899	\$27.57
Prof - Maternity	\$3,271,007		\$3,271,007	\$46,669	(\$5,756)	\$3,311,920	1.121	\$3,711,485	\$17.78
Prof - Other	\$1,984,392		\$1,984,392	\$29,123.47	(\$3,493)	\$2,010,022	1.121	\$2,252,521	\$10.79
Prof - Psych	\$689,763		\$689,763	\$5,370.03	(\$1,206)	\$693,927	1.121	\$777,645	\$3.73
Prof - Specialist	\$919,322		\$919,322	\$13,116.35	(\$1,618)	\$930,821	1.121	\$1,043,120	\$5.00
Prof - Vision	\$324,962		\$324,962	\$937.91	(\$565)	\$325,334	1.121	\$364,584	\$1.75
Radiology	\$1,014,744		\$1,014,744	\$10,524.01		\$1,025,268	0.959	\$982,787	\$4.71
Transportation/Ambulance	\$895,109		\$895,109	\$2,443.20		\$897,552	0.959	\$860,363	\$4.12
Provider Incentive Payment Adjustment									\$1.21
Total	\$43,210,320	\$422,004	\$43,632,323	\$559,874	\$87,804	\$44,280,002		\$47,092,062	\$226.83
Admin Cost Adjustment									\$22.53
Medallion 3.0 Capitation Rate									\$249.37

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$2,294,952		\$2,294,952	\$22,037.71	(\$66,912)	\$2,250,078	1.076	\$2,420,272	\$5.10
FQHC / RHC	\$1,492,501		\$1,492,501	\$16,040.52		\$1,508,542	1.097	\$1,655,218	\$3.49
Home Health	\$303,127		\$303,127	\$3,545.08		\$306,672	1.067	\$327,144	\$0.69
IP - Maternity	\$30,113,930	\$126,532	\$30,240,462	\$320,072	\$625,654	\$31,186,188	1.143	\$35,649,077	\$75.18
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$15,961,767	\$67,069	\$16,028,836	\$169,652.64	\$331,625	\$16,530,114	1.143	\$18,895,651	\$39.85
IP - Psych	\$1,422,031		\$1,422,031	\$6,420.72	(\$41,181)	\$1,387,271	1.158	\$1,606,998	\$3.39
Lab	\$2,255,868		\$2,255,868	\$16,902.51		\$2,272,771	1.076	\$2,444,681	\$5.16
OP - Emergency Room & Related	\$28,706,924		\$28,706,924	\$335,728.79		\$29,042,652	1.067	\$30,981,455	\$65.33
OP - Other	\$22,578,219		\$22,578,219	\$264,053.31		\$22,842,272	1.067	\$24,367,155	\$51.39
Pharmacy	\$33,399,714	\$1,958,278	\$35,357,992	\$495.17	\$883,950	\$36,242,438	1.143	\$41,435,335	\$87.38
Prof - Anesthesia	\$2,638,407		\$2,638,407	\$28,356.04		\$2,666,763	1.097	\$2,926,054	\$6.17
Prof - Child EPSDT	\$369,328		\$369,328	\$3,969.32	(\$648)	\$372,649	1.097	\$408,882	\$0.86
Prof - Evaluation & Management	\$17,739,940		\$17,739,940	\$190,046.63	\$89,357	\$18,019,344	1.097	\$19,771,372	\$41.69
Prof - Maternity	\$16,759,461		\$16,759,461	\$180,121	(\$29,387)	\$16,910,195	1.097	\$18,554,380	\$39.13
Prof - Other	\$8,063,013		\$8,063,013	\$87,881.06	(\$14,140)	\$8,136,754	1.097	\$8,927,894	\$18.83
Prof - Psych	\$1,588,122		\$1,588,122	\$10,101.90	(\$2,773)	\$1,595,451	1.097	\$1,750,577	\$3.69
Prof - Specialist	\$6,826,325		\$6,826,325	\$73,365.32	(\$11,970)	\$6,887,721	1.097	\$7,557,417	\$15.94
Prof - Vision	\$521,416		\$521,416	\$2,250.33	(\$908)	\$522,758	1.097	\$573,585	\$1.21
Radiology	\$6,334,946		\$6,334,946	\$60,832.51		\$6,395,779	1.076	\$6,879,551	\$14.51
Transportation/Ambulance	\$2,423,528		\$2,423,528	\$9,206.53		\$2,432,734	1.076	\$2,616,744	\$5.52
Provider Incentive Payment Adjustment									\$2.59
Total	\$201,793,519	\$2,151,879	\$203,945,398	\$1,801,078	\$1,762,669	\$207,509,145		\$229,749,445	\$487.10
Admin Cost Adjustment									\$39.96
Medallion 3.0 Capitation Rate									\$527.05

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$303,374		\$303,374	\$3,146.32	(\$9,609)	\$296,911	0.959	\$284,609	\$1.65
FQHC / RHC	\$28,377		\$28,377	\$404.86		\$28,781	1.121	\$32,254	\$0.19
Home Health	\$16,264		\$16,264	\$167.93		\$16,432	0.971	\$15,957	\$0.09
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,587,422	\$87,627	\$1,675,049	\$49,489.42	\$35,306	\$1,759,844	1.083	\$1,905,252	\$11.05
IP - Psych	\$546,805		\$546,805	\$3,315.85	(\$15,859)	\$534,262	1.581	\$844,873	\$4.90
Lab	\$284,074		\$284,074	\$1,003.53		\$285,078	0.959	\$273,266	\$1.59
OP - Emergency Room & Related	\$2,567,924		\$2,567,924	\$26,514.16		\$2,594,438	0.971	\$2,519,333	\$14.61
OP - Other	\$3,676,334		\$3,676,334	\$37,958.65		\$3,714,293	0.971	\$3,606,770	\$20.92
Pharmacy	\$5,384,971		\$5,384,971	\$58.79	(\$41,485)	\$5,343,545	1.063	\$5,680,956	\$32.95
Prof - Anesthesia	\$116,159		\$116,159	\$1,657.29		\$117,817	1.121	\$132,030	\$0.77
Prof - Child EPSDT	\$34,273		\$34,273	\$488.98	(\$60)	\$34,702	1.121	\$38,888	\$0.23
Prof - Evaluation & Management	\$2,547,568		\$2,547,568	\$36,081.89	\$12,876	\$2,596,526	1.121	\$2,909,783	\$16.88
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$2,866,908		\$2,866,908	\$41,572.38	(\$5,046)	\$2,903,435	1.121	\$3,253,719	\$18.87
Prof - Psych	\$500,977		\$500,977	\$3,465.09	(\$875)	\$503,567	1.121	\$564,320	\$3.27
Prof - Specialist	\$689,821		\$689,821	\$9,841.96	(\$1,214)	\$698,449	1.121	\$782,713	\$4.54
Prof - Vision	\$262,685		\$262,685	\$693.05	(\$457)	\$262,921	1.121	\$294,641	\$1.71
Radiology	\$225,620		\$225,620	\$2,339.92		\$227,960	0.959	\$218,514	\$1.27
Transportation/Ambulance	\$645,063		\$645,063	\$1,036.51		\$646,099	0.959	\$619,329	\$3.59
Provider Incentive Payment Adjustment									\$0.74
Total	\$22,284,620	\$87,627	\$22,372,247	\$219,237	(\$26,423)	\$22,565,060		\$23,977,207	\$139.82
Admin Cost Adjustment									\$13.89
Medallion 3.0 Capitation Rate									\$153.71

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$291,195		\$291,195	\$2,796.26	(\$8,490)	\$285,501	1.076	\$307,097	\$8.41
FQHC / RHC	\$77,350		\$77,350	\$831.31		\$78,181	1.097	\$85,783	\$2.35
Home Health	\$20,015		\$20,015	\$234.07		\$20,249	1.067	\$21,600	\$0.59
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$2,582,716	(\$191,914)	\$2,390,802	\$27,450.88	\$49,508	\$2,467,761	1.143	\$2,820,910	\$77.22
IP - Psych	\$144,316		\$144,316	\$823.33	(\$4,184)	\$140,955	1.158	\$163,280	\$4.47
Lab	\$76,800		\$76,800	\$375.90		\$77,176	1.076	\$83,013	\$2.27
OP - Emergency Room & Related	\$1,584,735		\$1,584,735	\$18,533.55		\$1,603,269	1.067	\$1,710,298	\$46.82
OP - Other	\$1,643,630		\$1,643,630	\$19,222.33		\$1,662,852	1.067	\$1,773,860	\$48.56
Pharmacy	\$2,759,456	\$161,791	\$2,921,247	\$40.91	\$73,031	\$2,994,320	1.143	\$3,423,352	\$93.71
Prof - Anesthesia	\$66,751		\$66,751	\$717.40		\$67,469	1.097	\$74,029	\$2.03
Prof - Child EPSDT	\$6,843		\$6,843	\$73.55	(\$12)	\$6,905	1.097	\$7,576	\$0.21
Prof - Evaluation & Management	\$1,058,772		\$1,058,772	\$11,330.68	\$5,333	\$1,075,436	1.097	\$1,180,001	\$32.30
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$406,025		\$406,025	\$4,453.24	(\$712)	\$409,766	1.097	\$449,608	\$12.31
Prof - Psych	\$99,814		\$99,814	\$556.48	(\$174)	\$100,197	1.097	\$109,939	\$3.01
Prof - Specialist	\$439,838		\$439,838	\$4,727.12	(\$771)	\$443,794	1.097	\$486,944	\$13.33
Prof - Vision	\$37,095		\$37,095	\$136.57	(\$65)	\$37,167	1.097	\$40,780	\$1.12
Radiology	\$188,113		\$188,113	\$1,806.39		\$189,920	1.076	\$204,285	\$5.59
Transportation/Ambulance	\$167,703		\$167,703	\$534.97		\$168,238	1.076	\$180,963	\$4.95
Provider Incentive Payment Adjustment									\$1.92
Total	\$11,651,168	(\$30,122)	\$11,621,045	\$94,645	\$113,464	\$11,829,154		\$13,123,319	\$361.15
Admin Cost Adjustment									\$29.62
Medallion 3.0 Capitation Rate									\$390.77

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$656,917		\$656,917	\$6,308.17	(\$19,153)	\$644,072	1.076	\$692,789	\$15.51
FQHC / RHC	\$226,238		\$226,238	\$2,431.47		\$228,670	1.097	\$250,903	\$5.62
Home Health	\$136,155		\$136,155	\$1,592.34		\$137,747	1.067	\$146,943	\$3.29
IP - Maternity	\$19,253	(\$1,423)	\$17,830	\$205	\$369	\$18,403	1.143	\$21,037	\$0.47
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$4,988,534	(\$368,782)	\$4,619,752	\$53,021.58	\$95,664	\$4,768,437	1.143	\$5,450,823	\$122.04
IP - Psych	\$221,384		\$221,384	\$1,370.56	(\$6,422)	\$216,332	1.158	\$250,597	\$5.61
Lab	\$182,859		\$182,859	\$1,299.08		\$184,158	1.076	\$198,087	\$4.44
OP - Emergency Room & Related	\$2,308,287		\$2,308,287	\$26,995.52		\$2,335,283	1.067	\$2,491,179	\$55.78
OP - Other	\$5,334,497		\$5,334,497	\$62,387.19		\$5,396,884	1.067	\$5,757,165	\$128.90
Pharmacy	\$7,755,838	\$454,737	\$8,210,575	\$114.99	\$205,265	\$8,415,955	1.143	\$9,621,811	\$215.43
Prof - Anesthesia	\$186,153		\$186,153	\$2,000.66		\$188,153	1.097	\$206,447	\$4.62
Prof - Child EPSDT	\$32,265		\$32,265	\$346.76	(\$57)	\$32,555	1.097	\$35,720	\$0.80
Prof - Evaluation & Management	\$2,428,161		\$2,428,161	\$26,042.11	\$12,231	\$2,466,434	1.097	\$2,706,247	\$60.59
Prof - Maternity	\$9,727		\$9,727	\$105	(\$17)	\$9,815	1.097	\$10,769	\$0.24
Prof - Other	\$1,085,111		\$1,085,111	\$11,783.17	(\$1,903)	\$1,094,991	1.097	\$1,201,457	\$26.90
Prof - Psych	\$187,407		\$187,407	\$1,341.64	(\$327)	\$188,422	1.097	\$206,742	\$4.63
Prof - Specialist	\$1,158,802		\$1,158,802	\$12,454.12	(\$2,032)	\$1,169,224	1.097	\$1,282,908	\$28.72
Prof - Vision	\$93,869		\$93,869	\$703.46	(\$164)	\$94,408	1.097	\$103,587	\$2.32
Radiology	\$621,141		\$621,141	\$5,964.62		\$627,106	1.076	\$674,540	\$15.10
Transportation/Ambulance	\$237,632		\$237,632	\$939.27		\$238,571	1.076	\$256,617	\$5.75
Provider Incentive Payment Adjustment									\$3.78
Total	\$27,870,230	\$84,531	\$27,954,761	\$217,406	\$283,454	\$28,455,621		\$31,566,370	\$710.54
Admin Cost Adjustment									\$58.28
Medallion 3.0 Capitation Rate									\$768.82

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$389,383		\$389,383	\$4,038.32	(\$15,908)	\$377,513	0.959	\$361,871	\$3.91
FQHC / RHC	\$148,039		\$148,039	\$2,112.14		\$150,152	1.121	\$168,266	\$1.82
Home Health	\$72,546		\$72,546	\$749.04		\$73,295	0.971	\$71,173	\$0.77
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$18,850,368	\$1,023,783	\$19,874,151	\$587,678.45	\$418,907	\$20,880,736	1.083	\$22,606,015	\$244.27
IP - Other	\$2,445,412	\$132,813	\$2,578,225	\$76,238.09	\$54,344	\$2,708,807	1.083	\$2,932,623	\$31.69
IP - Psych	\$62,412		\$62,412	\$0.00	(\$1,799)	\$60,612	1.581	\$95,851	\$1.04
Lab	\$213,607		\$213,607	\$1,979.16		\$215,586	0.959	\$206,653	\$2.23
OP - Emergency Room & Related	\$878,898		\$878,898	\$9,074.74		\$887,973	0.971	\$862,268	\$9.32
OP - Other	\$852,169		\$852,169	\$8,798.76		\$860,968	0.971	\$836,044	\$9.03
Pharmacy	\$2,161,052		\$2,161,052	\$23.59	(\$16,648)	\$2,144,428	1.063	\$2,279,835	\$24.63
Prof - Anesthesia	\$75,501		\$75,501	\$1,077.21		\$76,579	1.121	\$85,817	\$0.93
Prof - Child EPSDT	\$539,435		\$539,435	\$7,696.35	(\$949)	\$546,183	1.121	\$612,077	\$6.61
Prof - Evaluation & Management	\$9,148,331		\$9,148,331	\$130,056.03	\$46,240	\$9,324,627	1.121	\$10,449,593	\$112.91
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$2,090,642		\$2,090,642	\$29,689.60	(\$3,678)	\$2,116,653	1.121	\$2,372,016	\$25.63
Prof - Psych	\$57,684		\$57,684	\$1.64	(\$100)	\$57,586	1.121	\$64,533	\$0.70
Prof - Specialist	\$575,366		\$575,366	\$8,208.98	(\$1,012)	\$582,563	1.121	\$652,846	\$7.05
Prof - Vision	\$161,187		\$161,187	\$582.77	(\$281)	\$161,489	1.121	\$180,972	\$1.96
Radiology	\$130,242		\$130,242	\$1,350.75		\$131,593	0.959	\$126,141	\$1.36
Transportation/Ambulance	\$456,055		\$456,055	\$2,565.89		\$458,621	0.959	\$439,618	\$4.75
Provider Incentive Payment Adjustment									\$2.63
Total	\$39,308,330	\$1,156,596	\$40,464,925	\$871,922	\$479,115	\$41,815,962		\$45,404,211	\$493.23
Admin Cost Adjustment									\$49.00
Medallion 3.0 Capitation Rate									\$542.23

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$617,851		\$617,851	\$6,407.79	(\$25,242)	\$599,016	0.959	\$574,197	\$1.66
FQHC / RHC	\$240,673		\$240,673	\$3,433.78		\$244,107	1.121	\$273,557	\$0.79
Home Health	\$34,217		\$34,217	\$353.30		\$34,570	0.971	\$33,570	\$0.10
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$3,472,901	\$191,707	\$3,664,608	\$108,271.06	\$77,241	\$3,850,120	1.083	\$4,168,237	\$12.03
IP - Psych	\$242,449		\$242,449	\$894.81	(\$7,015)	\$236,329	1.581	\$373,727	\$1.08
Lab	\$787,876		\$787,876	\$7,237.23		\$795,113	0.959	\$762,169	\$2.20
OP - Emergency Room & Related	\$2,436,619		\$2,436,619	\$25,158.42		\$2,461,777	0.971	\$2,390,512	\$6.90
OP - Other	\$4,315,327		\$4,315,327	\$44,556.33		\$4,359,883	0.971	\$4,233,671	\$12.21
Pharmacy	\$5,727,868		\$5,727,868	\$62.54	(\$44,127)	\$5,683,804	1.063	\$6,042,700	\$17.43
Prof - Anesthesia	\$263,145		\$263,145	\$3,754.40		\$266,899	1.121	\$299,099	\$0.86
Prof - Child EPSDT	\$475,467		\$475,467	\$6,783.68	(\$837)	\$481,414	1.121	\$539,494	\$1.56
Prof - Evaluation & Management	\$9,881,878		\$9,881,878	\$139,205.74	\$49,942	\$10,071,025	1.121	\$11,286,039	\$32.56
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$3,543,576		\$3,543,576	\$49,845.17	(\$6,234)	\$3,587,188	1.121	\$4,019,962	\$11.60
Prof - Psych	\$457,545		\$457,545	\$4,285.44	(\$801)	\$461,030	1.121	\$516,650	\$1.49
Prof - Specialist	\$1,040,801		\$1,040,801	\$14,849.53	(\$1,831)	\$1,053,819	1.121	\$1,180,956	\$3.41
Prof - Vision	\$617,994		\$617,994	\$2,178.84	(\$1,076)	\$619,097	1.121	\$693,787	\$2.00
Radiology	\$172,110		\$172,110	\$1,784.97		\$173,895	0.959	\$166,690	\$0.48
Transportation/Ambulance	\$1,044,298		\$1,044,298	\$3,402.06		\$1,047,700	0.959	\$1,004,289	\$2.90
Provider Incentive Payment Adjustment									\$0.60
Total	\$35,372,595	\$191,707	\$35,564,302	\$422,465	\$40,019	\$36,026,786		\$38,559,308	\$111.84
Admin Cost Adjustment									\$11.11
Medallion 3.0 Capitation Rate									\$122.95

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$558,453		\$558,453	\$5,791.77	(\$17,688)	\$546,557	0.959	\$523,911	\$1.05
FQHC / RHC	\$332,039		\$332,039	\$4,737.34		\$336,776	1.121	\$377,407	\$0.76
Home Health	\$23,662		\$23,662	\$244.32		\$23,907	0.971	\$23,215	\$0.05
IP - Maternity	\$32,713	\$1,310	\$34,023	\$1,020	\$717	\$35,760	1.083	\$38,715	\$0.08
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$3,220,533	\$128,986	\$3,349,519	\$100,403.23	\$70,629	\$3,520,552	1.083	\$3,811,438	\$7.64
IP - Psych	\$1,823,130		\$1,823,130	\$20,110.65	(\$53,139)	\$1,790,102	1.581	\$2,830,839	\$5.67
Lab	\$1,021,236		\$1,021,236	\$9,194.35		\$1,030,430	0.959	\$987,735	\$1.98
OP - Emergency Room & Related	\$2,774,491		\$2,774,491	\$28,646.99		\$2,803,138	0.971	\$2,721,991	\$5.46
OP - Other	\$3,328,770		\$3,328,770	\$34,370.00		\$3,363,140	0.971	\$3,265,782	\$6.55
Pharmacy	\$20,518,340		\$20,518,340	\$224.01	(\$158,070)	\$20,360,493	1.063	\$21,646,130	\$43.39
Prof - Anesthesia	\$162,908		\$162,908	\$2,324.27		\$165,232	1.121	\$185,167	\$0.37
Prof - Child EPSDT	\$121,772		\$121,772	\$1,737.36	(\$214)	\$123,295	1.121	\$138,169	\$0.28
Prof - Evaluation & Management	\$10,190,451		\$10,190,451	\$142,800.62	\$51,497	\$10,384,749	1.121	\$11,637,612	\$23.33
Prof - Maternity	\$16,182		\$16,182	\$231	(\$28)	\$16,385	1.121	\$18,361	\$0.04
Prof - Other	\$2,373,219		\$2,373,219	\$32,726.36	(\$4,174)	\$2,401,771	1.121	\$2,691,532	\$5.40
Prof - Psych	\$1,854,845		\$1,854,845	\$23,780.74	(\$3,259)	\$1,875,367	1.121	\$2,101,620	\$4.21
Prof - Specialist	\$1,273,751		\$1,273,751	\$18,173.13	(\$2,241)	\$1,289,683	1.121	\$1,445,277	\$2.90
Prof - Vision	\$921,417		\$921,417	\$3,388.24	(\$1,604)	\$923,201	1.121	\$1,034,580	\$2.07
Radiology	\$421,058		\$421,058	\$4,366.83		\$425,425	0.959	\$407,798	\$0.82
Transportation/Ambulance	\$1,529,238		\$1,529,238	\$5,655.77		\$1,534,894	0.959	\$1,471,297	\$2.95
Provider Incentive Payment Adjustment									\$0.62
Total	\$52,498,207	\$130,297	\$52,628,504	\$439,927	(\$117,574)	\$52,950,856		\$57,358,575	\$115.60
Admin Cost Adjustment									\$11.48
Medallion 3.0 Capitation Rate									\$127.09

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$178,995		\$178,995	\$1,856.38	(\$5,669)	\$175,183	0.959	\$167,924	\$1.74
FQHC / RHC	\$133,720		\$133,720	\$1,907.83		\$135,627	1.121	\$151,990	\$1.58
Home Health	\$40,456		\$40,456	\$417.71		\$40,873	0.971	\$39,690	\$0.41
IP - Maternity	\$3,232,903	\$178,459	\$3,411,361	\$100,789	\$71,903	\$3,584,053	1.083	\$3,880,187	\$40.27
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,389,057	\$76,677	\$1,465,734	\$43,305.21	\$30,894	\$1,539,934	1.083	\$1,667,171	\$17.30
IP - Psych	\$785,376		\$785,376	\$9,204.96	(\$22,907)	\$771,674	1.581	\$1,220,313	\$12.67
Lab	\$845,653		\$845,653	\$8,505.81		\$854,158	0.959	\$818,767	\$8.50
OP - Emergency Room & Related	\$1,615,061		\$1,615,061	\$16,675.72		\$1,631,737	0.971	\$1,584,500	\$16.44
OP - Other	\$1,914,916		\$1,914,916	\$19,771.76		\$1,934,687	0.971	\$1,878,681	\$19.50
Pharmacy	\$4,416,955		\$4,416,955	\$48.22	(\$34,028)	\$4,382,975	1.063	\$4,659,732	\$48.36
Prof - Anesthesia	\$217,804		\$217,804	\$3,107.50		\$220,912	1.121	\$247,563	\$2.57
Prof - Child EPSDT	\$81,826		\$81,826	\$1,167.45	(\$144)	\$82,850	1.121	\$92,845	\$0.96
Prof - Evaluation & Management	\$2,972,809		\$2,972,809	\$41,900.56	\$15,024	\$3,029,733	1.121	\$3,395,254	\$35.24
Prof - Maternity	\$1,971,896		\$1,971,896	\$28,134	(\$3,470)	\$1,996,561	1.121	\$2,237,435	\$23.22
Prof - Other	\$943,432		\$943,432	\$13,266.73	(\$1,660)	\$955,039	1.121	\$1,070,259	\$11.11
Prof - Psych	\$362,136		\$362,136	\$4,584.82	(\$636)	\$366,085	1.121	\$410,251	\$4.26
Prof - Specialist	\$404,018		\$404,018	\$5,764.28	(\$711)	\$409,071	1.121	\$458,423	\$4.76
Prof - Vision	\$169,934		\$169,934	\$575.60	(\$296)	\$170,214	1.121	\$190,750	\$1.98
Radiology	\$550,963		\$550,963	\$5,714.08		\$556,677	0.959	\$533,611	\$5.54
Transportation/Ambulance	\$399,358		\$399,358	\$2,071.82		\$401,430	0.959	\$384,797	\$3.99
Provider Incentive Payment Adjustment									\$1.39
Total	\$22,627,267	\$255,136	\$22,882,403	\$308,769	\$48,301	\$23,239,473		\$25,090,146	\$261.79
Admin Cost Adjustment									\$26.01
Medallion 3.0 Capitation Rate									\$287.80

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$638,305		\$638,305	\$6,129.44	(\$18,610)	\$625,824	1.076	\$673,160	\$3.63
FQHC / RHC	\$296,300		\$296,300	\$3,184.46		\$299,484	1.097	\$328,603	\$1.77
Home Health	\$205,196		\$205,196	\$2,399.78		\$207,596	1.067	\$221,454	\$1.19
IP - Maternity	\$12,884,653	\$54,139	\$12,938,793	\$136,947	\$267,695	\$13,343,434	1.143	\$15,252,942	\$82.16
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$8,474,124	\$35,607	\$8,509,731	\$90,068.82	\$176,060	\$8,775,860	1.143	\$10,031,727	\$54.03
IP - Psych	\$1,368,104		\$1,368,104	\$11,302.32	(\$39,767)	\$1,339,640	1.158	\$1,551,823	\$8.36
Lab	\$3,243,773		\$3,243,773	\$30,694.68		\$3,274,468	1.076	\$3,522,146	\$18.97
OP - Emergency Room & Related	\$5,641,757		\$5,641,757	\$65,980.60		\$5,707,737	1.067	\$6,088,769	\$32.80
OP - Other	\$9,693,096		\$9,693,096	\$113,361.20		\$9,806,457	1.067	\$10,461,108	\$56.35
Pharmacy	\$18,626,826	\$1,092,120	\$19,718,947	\$276.15	\$492,974	\$20,212,197	1.143	\$23,108,245	\$124.47
Prof - Anesthesia	\$841,578		\$841,578	\$9,044.78		\$850,623	1.097	\$933,329	\$5.03
Prof - Child EPSDT	\$173,680		\$173,680	\$1,866.61	(\$305)	\$175,242	1.097	\$192,281	\$1.04
Prof - Evaluation & Management	\$8,179,529		\$8,179,529	\$87,184.95	\$41,198	\$8,307,912	1.097	\$9,115,694	\$49.10
Prof - Maternity	\$7,434,486		\$7,434,486	\$79,901	(\$13,036)	\$7,501,351	1.097	\$8,230,710	\$44.33
Prof - Other	\$2,387,092		\$2,387,092	\$25,403.67	(\$4,185)	\$2,408,310	1.097	\$2,642,471	\$14.23
Prof - Psych	\$832,678		\$832,678	\$7,939.04	(\$1,458)	\$839,159	1.097	\$920,750	\$4.96
Prof - Specialist	\$2,732,791		\$2,732,791	\$29,370.42	(\$4,792)	\$2,757,369	1.097	\$3,025,469	\$16.30
Prof - Vision	\$308,624		\$308,624	\$868.11	(\$537)	\$308,955	1.097	\$338,995	\$1.83
Radiology	\$2,436,227		\$2,436,227	\$23,394.32		\$2,459,621	1.076	\$2,645,665	\$14.25
Transportation/Ambulance	\$1,253,807		\$1,253,807	\$8,209.02		\$1,262,016	1.076	\$1,357,474	\$7.31
Provider Incentive Payment Adjustment									\$2.90
Total	\$87,652,624	\$1,181,867	\$88,834,491	\$733,527	\$895,237	\$90,463,255		\$100,642,817	\$544.99
Admin Cost Adjustment									\$44.70
Medallion 3.0 Capitation Rate									\$589.70

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$125,638		\$125,638	\$1,303.00	(\$3,979)	\$122,962	0.959	\$117,867	\$1.47
FQHC / RHC	\$45,976		\$45,976	\$655.96		\$46,632	1.121	\$52,258	\$0.65
Home Health	\$10,947		\$10,947	\$113.03		\$11,060	0.971	\$10,740	\$0.13
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,227,122	\$67,738	\$1,294,860	\$38,256.71	\$27,292	\$1,360,409	1.083	\$1,472,813	\$18.35
IP - Psych	\$545,647		\$545,647	\$6,234.94	(\$15,910)	\$535,972	1.581	\$847,578	\$10.56
Lab	\$183,527		\$183,527	\$1,684.66		\$185,211	0.959	\$177,537	\$2.21
OP - Emergency Room & Related	\$784,864		\$784,864	\$8,103.82		\$792,968	0.971	\$770,012	\$9.59
OP - Other	\$1,069,914		\$1,069,914	\$11,047.00		\$1,080,961	0.971	\$1,049,668	\$13.08
Pharmacy	\$3,539,153		\$3,539,153	\$38.64	(\$27,265)	\$3,511,926	1.063	\$3,733,682	\$46.51
Prof - Anesthesia	\$35,739		\$35,739	\$509.90		\$36,249	1.121	\$40,622	\$0.51
Prof - Child EPSDT	\$18,856		\$18,856	\$269.02	(\$33)	\$19,091	1.121	\$21,395	\$0.27
Prof - Evaluation & Management	\$1,548,074		\$1,548,074	\$21,682.08	\$7,823	\$1,577,579	1.121	\$1,767,905	\$22.02
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$329,052		\$329,052	\$4,541.92	(\$579)	\$333,016	1.121	\$373,192	\$4.65
Prof - Psych	\$257,534		\$257,534	\$3,100.20	(\$452)	\$260,182	1.121	\$291,572	\$3.63
Prof - Specialist	\$360,391		\$360,391	\$5,141.84	(\$634)	\$364,899	1.121	\$408,922	\$5.09
Prof - Vision	\$136,127		\$136,127	\$414.37	(\$237)	\$136,304	1.121	\$152,749	\$1.90
Radiology	\$134,025		\$134,025	\$1,389.99		\$135,415	0.959	\$129,804	\$1.62
Transportation/Ambulance	\$263,512		\$263,512	\$977.83		\$264,490	0.959	\$253,531	\$3.16
Provider Incentive Payment Adjustment									\$0.78
Total	\$10,616,097	\$67,738	\$10,683,835	\$105,465	(\$13,974)	\$10,775,326		\$11,671,848	\$146.17
Admin Cost Adjustment									\$14.52
Medallion 3.0 Capitation Rate									\$160.70

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$158,700		\$158,700	\$1,523.95	(\$4,627)	\$155,597	1.076	\$167,366	\$5.71
FQHC / RHC	\$41,840		\$41,840	\$449.67		\$42,290	1.097	\$46,402	\$1.58
Home Health	\$34,973		\$34,973	\$409.01		\$35,382	1.067	\$37,743	\$1.29
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$2,255,132	\$9,472	\$2,264,604	\$23,969.09	\$46,853	\$2,335,426	1.143	\$2,669,636	\$91.11
IP - Psych	\$212,904		\$212,904	\$1,764.23	(\$6,189)	\$208,479	1.158	\$241,500	\$8.24
Lab	\$237,892		\$237,892	\$2,210.41		\$240,102	1.076	\$258,263	\$8.81
OP - Emergency Room & Related	\$789,346		\$789,346	\$9,231.44		\$798,577	1.067	\$851,888	\$29.07
OP - Other	\$1,271,327		\$1,271,327	\$14,868.23		\$1,286,195	1.067	\$1,372,058	\$46.82
Pharmacy	\$2,560,298	\$150,114	\$2,710,412	\$37.96	\$67,760	\$2,778,210	1.143	\$3,176,278	\$108.40
Prof - Anesthesia	\$40,433		\$40,433	\$434.55		\$40,867	1.097	\$44,841	\$1.53
Prof - Child EPSDT	\$7,596		\$7,596	\$81.63	(\$13)	\$7,664	1.097	\$8,409	\$0.29
Prof - Evaluation & Management	\$1,000,479		\$1,000,479	\$10,633.68	\$5,039	\$1,016,151	1.097	\$1,114,952	\$38.05
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$284,911		\$284,911	\$3,023.76	(\$500)	\$287,436	1.097	\$315,383	\$10.76
Prof - Psych	\$89,168		\$89,168	\$807.10	(\$156)	\$89,819	1.097	\$98,553	\$3.36
Prof - Specialist	\$431,617		\$431,617	\$4,638.77	(\$757)	\$435,499	1.097	\$477,843	\$16.31
Prof - Vision	\$52,099		\$52,099	\$178.00	(\$91)	\$52,186	1.097	\$57,260	\$1.95
Radiology	\$149,648		\$149,648	\$1,437.02		\$151,085	1.076	\$162,512	\$5.55
Transportation/Ambulance	\$172,649		\$172,649	\$1,052.02		\$173,701	1.076	\$186,840	\$6.38
Provider Incentive Payment Adjustment									\$2.06
Total	\$9,791,011	\$159,586	\$9,950,597	\$76,751	\$107,320	\$10,134,668		\$11,287,729	\$387.28
Admin Cost Adjustment									\$31.77
Medallion 3.0 Capitation Rate									\$419.05

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$164,083		\$164,083	\$1,575.64	(\$4,784)	\$160,874	1.076	\$173,043	\$8.84
FQHC / RHC	\$57,416		\$57,416	\$617.07		\$58,033	1.097	\$63,675	\$3.25
Home Health	\$73,305		\$73,305	\$857.31		\$74,163	1.067	\$79,114	\$4.04
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$2,654,609	\$11,154	\$2,665,764	\$28,215.01	\$55,153	\$2,749,131	1.143	\$3,142,545	\$160.51
IP - Psych	\$141,637		\$141,637	\$1,177.26	(\$4,117)	\$138,697	1.158	\$160,665	\$8.21
Lab	\$251,285		\$251,285	\$2,364.14		\$253,649	1.076	\$272,835	\$13.94
OP - Emergency Room & Related	\$450,542		\$450,542	\$5,269.11		\$455,811	1.067	\$486,240	\$24.83
OP - Other	\$1,620,784		\$1,620,784	\$18,955.14		\$1,639,739	1.067	\$1,749,203	\$89.34
Pharmacy	\$3,924,810	\$230,118	\$4,154,928	\$58.19	\$103,873	\$4,258,860	1.143	\$4,869,079	\$248.69
Prof - Anesthesia	\$48,562		\$48,562	\$521.91		\$49,084	1.097	\$53,856	\$2.75
Prof - Child EPSDT	\$9,354		\$9,354	\$100.53	(\$16)	\$9,438	1.097	\$10,356	\$0.53
Prof - Evaluation & Management	\$1,005,502		\$1,005,502	\$10,730.46	\$5,065	\$1,021,297	1.097	\$1,120,598	\$57.23
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$364,360		\$364,360	\$3,889.45	(\$639)	\$367,611	1.097	\$403,354	\$20.60
Prof - Psych	\$85,639		\$85,639	\$823.77	(\$150)	\$86,313	1.097	\$94,705	\$4.84
Prof - Specialist	\$491,018		\$491,018	\$5,277.17	(\$861)	\$495,434	1.097	\$543,605	\$27.76
Prof - Vision	\$50,239		\$50,239	\$278.57	(\$88)	\$50,430	1.097	\$55,333	\$2.83
Radiology	\$182,135		\$182,135	\$1,748.98		\$183,884	1.076	\$197,792	\$10.10
Transportation/Ambulance	\$166,762		\$166,762	\$1,199.13		\$167,962	1.076	\$180,666	\$9.23
Provider Incentive Payment Adjustment									\$3.73
Total	\$11,742,043	\$241,272	\$11,983,315	\$83,659	\$153,436	\$12,220,409		\$13,656,665	\$701.25
Admin Cost Adjustment									\$57.52
Medallion 3.0 Capitation Rate									\$758.77

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age Under 1									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$244,928		\$244,928	\$2,540.17	(\$10,006)	\$237,462	0.959	\$227,623	\$4.17
FQHC / RHC	\$28,450		\$28,450	\$405.90		\$28,856	1.121	\$32,337	\$0.59
Home Health	\$23,298		\$23,298	\$240.56		\$23,539	0.971	\$22,857	\$0.42
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$9,780,643	\$539,889	\$10,320,532	\$304,920.99	\$217,531	\$10,842,983	1.083	\$11,738,889	\$214.98
IP - Other	\$1,906,053	\$105,216	\$2,011,269	\$59,423.05	\$42,392	\$2,113,084	1.083	\$2,287,678	\$41.90
IP - Psych	\$48,229		\$48,229	\$8.74	(\$1,391)	\$46,847	1.581	\$74,084	\$1.36
Lab	\$144,696		\$144,696	\$1,372.17		\$146,068	0.959	\$140,016	\$2.56
OP - Emergency Room & Related	\$653,596		\$653,596	\$6,748.47		\$660,345	0.971	\$641,229	\$11.74
OP - Other	\$621,778		\$621,778	\$6,419.94		\$628,197	0.971	\$610,012	\$11.17
Pharmacy	\$1,427,402		\$1,427,402	\$15.58	(\$10,997)	\$1,416,421	1.063	\$1,505,859	\$27.58
Prof - Anesthesia	\$43,563		\$43,563	\$621.54		\$44,185	1.121	\$49,516	\$0.91
Prof - Child EPSDT	\$229,929		\$229,929	\$3,280.49	(\$405)	\$232,805	1.121	\$260,892	\$4.78
Prof - Evaluation & Management	\$5,329,590		\$5,329,590	\$75,704.70	\$26,938	\$5,432,233	1.121	\$6,087,603	\$111.48
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$1,352,611		\$1,352,611	\$19,267.82	(\$2,380)	\$1,369,499	1.121	\$1,534,721	\$28.11
Prof - Psych	\$43,838		\$43,838	\$0.00	(\$76)	\$43,762	1.121	\$49,042	\$0.90
Prof - Specialist	\$359,823		\$359,823	\$5,133.74	(\$633)	\$364,324	1.121	\$408,277	\$7.48
Prof - Vision	\$87,515		\$87,515	\$331.49	(\$152)	\$87,694	1.121	\$98,274	\$1.80
Radiology	\$83,668		\$83,668	\$867.73		\$84,536	0.959	\$81,033	\$1.48
Transportation/Ambulance	\$337,280		\$337,280	\$2,019.30		\$339,299	0.959	\$325,241	\$5.96
Provider Incentive Payment Adjustment									\$2.57
Total	\$22,746,890	\$645,105	\$23,391,995	\$489,322	\$260,822	\$24,142,139		\$26,175,182	\$481.92
Admin Cost Adjustment									\$47.87
Medallion 3.0 Capitation Rate									\$529.79

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 1-5									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$249,875		\$249,875	\$2,591.48	(\$10,209)	\$242,258	0.959	\$232,220	\$1.14
FQHC / RHC	\$93,664		\$93,664	\$1,336.35		\$95,001	1.121	\$106,462	\$0.52
Home Health	\$11,016		\$11,016	\$113.74		\$11,130	0.971	\$10,807	\$0.05
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$2,435,590	\$134,446	\$2,570,036	\$75,931.87	\$54,170	\$2,700,138	1.083	\$2,923,238	\$14.34
IP - Psych	\$178,565		\$178,565	\$0.00	(\$5,148)	\$173,417	1.581	\$274,238	\$1.34
Lab	\$587,380		\$587,380	\$5,615.01		\$592,995	0.959	\$568,425	\$2.79
OP - Emergency Room & Related	\$1,996,838		\$1,996,838	\$20,617.62		\$2,017,455	0.971	\$1,959,053	\$9.61
OP - Other	\$2,559,030		\$2,559,030	\$26,422.33		\$2,585,453	0.971	\$2,510,608	\$12.31
Pharmacy	\$4,059,070		\$4,059,070	\$44.32	(\$31,271)	\$4,027,844	1.063	\$4,282,177	\$21.00
Prof - Anesthesia	\$223,644		\$223,644	\$3,190.82		\$226,834	1.121	\$254,201	\$1.25
Prof - Child EPSDT	\$241,214		\$241,214	\$3,441.50	(\$424)	\$244,231	1.121	\$273,696	\$1.34
Prof - Evaluation & Management	\$7,094,260		\$7,094,260	\$99,920.38	\$35,853	\$7,230,034	1.121	\$8,102,298	\$39.74
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$1,433,997		\$1,433,997	\$20,356.43	(\$2,523)	\$1,451,830	1.121	\$1,626,986	\$7.98
Prof - Psych	\$291,611		\$291,611	\$1,810.56	(\$509)	\$292,913	1.121	\$328,251	\$1.61
Prof - Specialist	\$766,897		\$766,897	\$10,941.63	(\$1,349)	\$776,489	1.121	\$870,168	\$4.27
Prof - Vision	\$354,321		\$354,321	\$1,653.69	(\$618)	\$355,357	1.121	\$398,228	\$1.95
Radiology	\$165,947		\$165,947	\$1,721.06		\$167,669	0.959	\$160,721	\$0.79
Transportation/Ambulance	\$783,887		\$783,887	\$2,605.44		\$786,492	0.959	\$753,904	\$3.70
Provider Incentive Payment Adjustment									\$0.67
Total	\$23,526,805	\$134,446	\$23,661,251	\$278,314	\$37,973	\$23,977,538		\$25,635,683	\$126.40
Admin Cost Adjustment									\$12.56
Medallion 3.0 Capitation Rate									\$138.96

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 6-14									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$347,287		\$347,287	\$3,601.75	(\$10,999)	\$339,890	0.959	\$325,806	\$1.01
FQHC / RHC	\$159,450		\$159,450	\$2,274.93		\$161,725	1.121	\$181,236	\$0.56
Home Health	\$20,784		\$20,784	\$214.60		\$20,999	0.971	\$20,391	\$0.06
IP - Maternity	\$15,757	\$870	\$16,627	\$491	\$350	\$17,468	1.083	\$18,911	\$0.06
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,812,050	\$100,027	\$1,912,076	\$56,492.41	\$40,302	\$2,008,871	1.083	\$2,174,854	\$6.76
IP - Psych	\$563,672		\$563,672	\$3,538.10	(\$16,352)	\$550,858	1.581	\$871,119	\$2.71
Lab	\$802,475		\$802,475	\$7,554.04		\$810,029	0.959	\$776,466	\$2.41
OP - Emergency Room & Related	\$2,676,976		\$2,676,976	\$27,640.14		\$2,704,616	0.971	\$2,626,322	\$8.16
OP - Other	\$2,887,680		\$2,887,680	\$29,815.69		\$2,917,496	0.971	\$2,833,039	\$8.80
Pharmacy	\$13,214,915		\$13,214,915	\$144.28	(\$101,806)	\$13,113,253	1.063	\$13,941,272	\$43.31
Prof - Anesthesia	\$135,537		\$135,537	\$1,933.76		\$137,471	1.121	\$154,056	\$0.48
Prof - Child EPSDT	\$61,986		\$61,986	\$884.38	(\$109)	\$62,762	1.121	\$70,334	\$0.22
Prof - Evaluation & Management	\$8,147,099		\$8,147,099	\$114,189.11	\$41,171	\$8,302,459	1.121	\$9,304,106	\$28.91
Prof - Maternity	\$7,541		\$7,541	\$108	(\$13)	\$7,635	1.121	\$8,557	\$0.03
Prof - Other	\$2,807,977		\$2,807,977	\$39,876.29	(\$4,940)	\$2,842,913	1.121	\$3,185,895	\$9.90
Prof - Psych	\$1,264,676		\$1,264,676	\$14,374.60	(\$2,219)	\$1,276,831	1.121	\$1,430,874	\$4.45
Prof - Specialist	\$890,800		\$890,800	\$12,709.40	(\$1,567)	\$901,942	1.121	\$1,010,756	\$3.14
Prof - Vision	\$664,592		\$664,592	\$4,117.16	(\$1,160)	\$667,549	1.121	\$748,085	\$2.32
Radiology	\$430,335		\$430,335	\$4,463.05		\$434,798	0.959	\$416,783	\$1.29
Transportation/Ambulance	\$1,128,150		\$1,128,150	\$3,052.82		\$1,131,202	0.959	\$1,084,332	\$3.37
Provider Incentive Payment Adjustment									\$0.68
Total	\$38,039,738	\$100,896	\$38,140,635	\$327,475	(\$57,343)	\$38,410,767		\$41,183,193	\$128.63
Admin Cost Adjustment									\$12.78
Medallion 3.0 Capitation Rate									\$141.41

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Female									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$76,927		\$76,927	\$797.82	(\$2,436)	\$75,289	0.959	\$72,169	\$1.07
FQHC / RHC	\$54,134		\$54,134	\$772.35		\$54,906	1.121	\$61,530	\$0.91
Home Health	\$12,363		\$12,363	\$127.65		\$12,491	0.971	\$12,129	\$0.18
IP - Maternity	\$2,491,885	\$51,177	\$2,543,062	\$77,687	\$53,654	\$2,674,403	1.083	\$2,895,376	\$42.94
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$1,747,713	\$35,899	\$1,783,611	\$54,486.63	\$37,631	\$1,875,729	1.083	\$2,030,711	\$30.12
IP - Psych	\$266,157		\$266,157	\$2,564.02	(\$7,747)	\$260,974	1.581	\$412,700	\$6.12
Lab	\$514,579		\$514,579	\$5,178.17		\$519,757	0.959	\$498,221	\$7.39
OP - Emergency Room & Related	\$1,455,152		\$1,455,152	\$15,024.65		\$1,470,177	0.971	\$1,427,618	\$21.17
OP - Other	\$1,754,054		\$1,754,054	\$18,110.84		\$1,772,165	0.971	\$1,720,863	\$25.52
Pharmacy	\$2,363,104		\$2,363,104	\$25.80	(\$18,205)	\$2,344,924	1.063	\$2,492,992	\$36.97
Prof - Anesthesia	\$163,984		\$163,984	\$2,339.62		\$166,323	1.121	\$186,389	\$2.76
Prof - Child EPSDT	\$36,821		\$36,821	\$525.33	(\$65)	\$37,281	1.121	\$41,779	\$0.62
Prof - Evaluation & Management	\$2,404,052		\$2,404,052	\$33,882.29	\$12,150	\$2,450,084	1.121	\$2,745,673	\$40.72
Prof - Maternity	\$1,531,492		\$1,531,492	\$21,850	(\$2,695)	\$1,550,648	1.121	\$1,737,725	\$25.77
Prof - Other	\$692,705		\$692,705	\$9,851.08	(\$1,219)	\$701,337	1.121	\$785,950	\$11.66
Prof - Psych	\$237,030		\$237,030	\$2,596.01	(\$416)	\$239,210	1.121	\$268,070	\$3.98
Prof - Specialist	\$324,524		\$324,524	\$4,630.12	(\$571)	\$328,583	1.121	\$368,225	\$5.46
Prof - Vision	\$142,742		\$142,742	\$907.21	(\$249)	\$143,400	1.121	\$160,700	\$2.38
Radiology	\$587,588		\$587,588	\$6,093.93		\$593,681	0.959	\$569,083	\$8.44
Transportation/Ambulance	\$309,049		\$309,049	\$1,369.55		\$310,418	0.959	\$297,556	\$4.41
Provider Incentive Payment Adjustment									\$1.49
Total	\$17,166,053	\$87,075	\$17,253,128	\$258,820	\$69,831	\$17,581,780		\$18,785,460	\$280.11
Admin Cost Adjustment									\$27.83
Medallion 3.0 Capitation Rate									\$307.93

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Female									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$473,241		\$473,241	\$4,544.38	(\$13,798)	\$463,987	1.076	\$499,083	\$3.90
FQHC / RHC	\$182,411		\$182,411	\$1,960.45		\$184,372	1.097	\$202,298	\$1.58
Home Health	\$108,808		\$108,808	\$1,272.51		\$110,080	1.067	\$117,429	\$0.92
IP - Maternity	\$7,056,819	(\$16,571)	\$7,040,248	\$75,005	\$145,668	\$7,260,920	1.143	\$8,299,992	\$64.88
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$7,186,818	(\$16,877)	\$7,169,941	\$76,386.44	\$148,351	\$7,394,678	1.143	\$8,452,891	\$66.07
IP - Psych	\$783,709		\$783,709	\$6,010.25	(\$22,767)	\$766,953	1.158	\$888,429	\$6.94
Lab	\$1,902,515		\$1,902,515	\$17,994.20		\$1,920,509	1.076	\$2,065,775	\$16.15
OP - Emergency Room & Related	\$4,741,537		\$4,741,537	\$55,452.49		\$4,796,989	1.067	\$5,117,222	\$40.00
OP - Other	\$6,953,729		\$6,953,729	\$81,324.18		\$7,035,053	1.067	\$7,504,692	\$58.66
Pharmacy	\$16,439,987	\$963,902	\$17,403,890	\$243.73	\$435,098	\$17,839,231	1.143	\$20,395,276	\$159.43
Prof - Anesthesia	\$511,745		\$511,745	\$5,499.93		\$517,245	1.097	\$567,537	\$4.44
Prof - Child EPSDT	\$60,340		\$60,340	\$648.50	(\$106)	\$60,883	1.097	\$66,802	\$0.52
Prof - Evaluation & Management	\$5,816,647		\$5,816,647	\$61,908.32	\$29,297	\$5,907,852	1.097	\$6,482,275	\$50.67
Prof - Maternity	\$4,203,176		\$4,203,176	\$45,173	(\$7,370)	\$4,240,979	1.097	\$4,653,331	\$36.37
Prof - Other	\$1,388,343		\$1,388,343	\$14,869.64	(\$2,434)	\$1,400,779	1.097	\$1,536,977	\$12.01
Prof - Psych	\$406,745		\$406,745	\$3,277.27	(\$711)	\$409,311	1.097	\$449,108	\$3.51
Prof - Specialist	\$1,678,587		\$1,678,587	\$18,040.47	(\$2,943)	\$1,693,684	1.097	\$1,858,362	\$14.53
Prof - Vision	\$211,232		\$211,232	\$865.81	(\$368)	\$211,730	1.097	\$232,317	\$1.82
Radiology	\$1,736,084		\$1,736,084	\$16,671.07		\$1,752,755	1.076	\$1,885,332	\$14.74
Transportation/Ambulance	\$878,490		\$878,490	\$5,226.85		\$883,717	1.076	\$950,561	\$7.43
Provider Incentive Payment Adjustment									\$3.02
Total	\$62,720,963	\$930,454	\$63,651,417	\$492,374	\$707,916	\$64,851,708		\$72,225,690	\$567.59
Admin Cost Adjustment									\$46.56
Medallion 3.0 Capitation Rate									\$614.15

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 15-20 Male									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$119,101		\$119,101	\$1,235.20	(\$3,772)	\$116,564	0.959	\$111,734	\$1.87
FQHC / RHC	\$36,464		\$36,464	\$520.24		\$36,984	1.121	\$41,446	\$0.69
Home Health	\$6,090		\$6,090	\$62.88		\$6,153	0.971	\$5,975	\$0.10
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.083	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.083	\$0	\$0.00
IP - Other	\$894,280	\$49,365	\$943,645	\$27,880.05	\$19,890	\$991,415	1.083	\$1,073,331	\$17.98
IP - Psych	\$189,915		\$189,915	\$1,686.21	(\$5,524)	\$186,078	1.581	\$294,260	\$4.93
Lab	\$140,255		\$140,255	\$1,315.74		\$141,571	0.959	\$135,705	\$2.27
OP - Emergency Room & Related	\$888,828		\$888,828	\$9,177.27		\$898,005	0.971	\$872,010	\$14.61
OP - Other	\$948,808		\$948,808	\$9,796.57		\$958,605	0.971	\$930,854	\$15.59
Pharmacy	\$2,182,316		\$2,182,316	\$23.83	(\$16,812)	\$2,165,527	1.063	\$2,302,266	\$38.56
Prof - Anesthesia	\$30,753		\$30,753	\$438.76		\$31,191	1.121	\$34,954	\$0.59
Prof - Child EPSDT	\$9,209		\$9,209	\$131.39	(\$16)	\$9,324	1.121	\$10,449	\$0.18
Prof - Evaluation & Management	\$1,368,750		\$1,368,750	\$19,151.20	\$6,917	\$1,394,818	1.121	\$1,563,096	\$26.18
Prof - Maternity	\$0		\$0	\$0		\$0	1.121	\$0	\$0.00
Prof - Other	\$486,513		\$486,513	\$6,912.51	(\$856)	\$492,570	1.121	\$551,996	\$9.25
Prof - Psych	\$192,491		\$192,491	\$2,033.76	(\$337)	\$194,187	1.121	\$217,615	\$3.65
Prof - Specialist	\$298,711		\$298,711	\$4,261.83	(\$526)	\$302,447	1.121	\$338,935	\$5.68
Prof - Vision	\$108,272		\$108,272	\$554.06	(\$189)	\$108,638	1.121	\$121,744	\$2.04
Radiology	\$141,833		\$141,833	\$1,470.96		\$143,304	0.959	\$137,366	\$2.30
Transportation/Ambulance	\$257,420		\$257,420	\$1,047.98		\$258,468	0.959	\$247,759	\$4.15
Provider Incentive Payment Adjustment									\$0.81
Total	\$8,300,009	\$49,365	\$8,349,374	\$87,700	(\$1,226)	\$8,435,849		\$8,991,495	\$151.42
Admin Cost Adjustment									\$15.04
Medallion 3.0 Capitation Rate									\$166.46

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 21-44 Male									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$176,366		\$176,366	\$1,693.59	(\$5,142)	\$172,918	1.076	\$185,997	\$6.60
FQHC / RHC	\$35,136		\$35,136	\$377.62		\$35,514	1.097	\$38,967	\$1.38
Home Health	\$17,312		\$17,312	\$202.46		\$17,514	1.067	\$18,683	\$0.66
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$1,532,753	\$6,440	\$1,539,193	\$16,291.15	\$31,845	\$1,587,329	1.143	\$1,814,483	\$64.43
IP - Psych	\$228,203		\$228,203	\$1,823.61	(\$6,631)	\$223,395	1.158	\$258,779	\$9.19
Lab	\$223,144		\$223,144	\$2,081.77		\$225,225	1.076	\$242,261	\$8.60
OP - Emergency Room & Related	\$942,469		\$942,469	\$11,022.22		\$953,491	1.067	\$1,017,144	\$36.12
OP - Other	\$1,363,123		\$1,363,123	\$15,941.79		\$1,379,065	1.067	\$1,471,127	\$52.24
Pharmacy	\$4,004,546	\$234,793	\$4,239,339	\$59.37	\$105,984	\$4,345,382	1.143	\$4,967,998	\$176.41
Prof - Anesthesia	\$36,224		\$36,224	\$389.32		\$36,614	1.097	\$40,174	\$1.43
Prof - Child EPSDT	\$6,023		\$6,023	\$64.73	(\$11)	\$6,077	1.097	\$6,668	\$0.24
Prof - Evaluation & Management	\$1,080,944		\$1,080,944	\$11,483.08	\$5,444	\$1,097,871	1.097	\$1,204,617	\$42.77
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$172,335		\$172,335	\$1,841.70	(\$302)	\$173,874	1.097	\$190,780	\$6.77
Prof - Psych	\$77,292		\$77,292	\$593.74	(\$135)	\$77,751	1.097	\$85,311	\$3.03
Prof - Specialist	\$326,043		\$326,043	\$3,504.12	(\$572)	\$328,975	1.097	\$360,962	\$12.82
Prof - Vision	\$44,984		\$44,984	\$174.21	(\$78)	\$45,079	1.097	\$49,463	\$1.76
Radiology	\$184,011		\$184,011	\$1,767.00		\$185,778	1.076	\$199,831	\$7.10
Transportation/Ambulance	\$170,174		\$170,174	\$924.14		\$171,098	1.076	\$184,040	\$6.54
Provider Incentive Payment Adjustment									\$2.34
Total	\$10,621,082	\$241,233	\$10,862,315	\$70,236	\$130,401	\$11,062,952		\$12,337,284	\$440.43
Admin Cost Adjustment									\$36.13
Medallion 3.0 Capitation Rate									\$476.55

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Low Income Families with Children (LIFC)

Exhibit 4a

Age 45 and Over									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$139,741		\$139,741	\$1,341.89	(\$4,074)	\$137,008	1.076	\$147,372	\$11.19
FQHC / RHC	\$20,668		\$20,668	\$222.13		\$20,890	1.097	\$22,921	\$1.74
Home Health	\$39,264		\$39,264	\$459.19		\$39,723	1.067	\$42,375	\$3.22
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.143	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0	\$0.00		\$0	1.143	\$0	\$0.00
IP - Other	\$1,600,206	\$6,719	\$1,606,925	\$17,008.09	\$33,246	\$1,657,179	1.143	\$1,894,329	\$143.78
IP - Psych	\$53,568		\$53,568	\$375.10	(\$1,555)	\$52,388	1.158	\$60,686	\$4.61
Lab	\$163,439		\$163,439	\$1,543.02		\$164,982	1.076	\$177,461	\$13.47
OP - Emergency Room & Related	\$413,078		\$413,078	\$4,830.97		\$417,909	1.067	\$445,808	\$33.84
OP - Other	\$1,128,655		\$1,128,655	\$13,199.67		\$1,141,855	1.067	\$1,218,082	\$92.45
Pharmacy	\$2,655,095	\$155,672	\$2,810,768	\$39.36	\$70,269	\$2,881,076	1.143	\$3,293,883	\$250.01
Prof - Anesthesia	\$32,487		\$32,487	\$349.15		\$32,836	1.097	\$36,028	\$2.73
Prof - Child EPSDT	\$5,555		\$5,555	\$59.70	(\$10)	\$5,605	1.097	\$6,150	\$0.47
Prof - Evaluation & Management	\$710,659		\$710,659	\$7,571.83	\$3,579	\$721,811	1.097	\$791,993	\$60.11
Prof - Maternity	\$0		\$0	\$0		\$0	1.097	\$0	\$0.00
Prof - Other	\$152,974		\$152,974	\$1,638.58	(\$268)	\$154,344	1.097	\$169,351	\$12.85
Prof - Psych	\$56,374		\$56,374	\$491.42	(\$99)	\$56,767	1.097	\$62,286	\$4.73
Prof - Specialist	\$275,784		\$275,784	\$2,963.97	(\$484)	\$278,265	1.097	\$305,320	\$23.17
Prof - Vision	\$31,092		\$31,092	\$188.93	(\$54)	\$31,227	1.097	\$34,263	\$2.60
Radiology	\$148,795		\$148,795	\$1,428.83		\$150,224	1.076	\$161,587	\$12.26
Transportation/Ambulance	\$119,333		\$119,333	\$815.64		\$120,149	1.076	\$129,237	\$9.81
Provider Incentive Payment Adjustment									\$3.66
Total	\$7,746,768	\$162,391	\$7,909,159	\$54,527	\$100,551	\$8,064,238		\$8,999,132	\$686.70
Admin Cost Adjustment									\$56.33
Medallion 3.0 Capitation Rate									\$743.03

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$776,933		\$776,933	\$9,917	(\$67,830)	\$719,021	0.985	\$708,115	\$107.73
FQHC / RHC	\$1,097		\$1,097	\$16		\$1,113	1.117	\$1,244	\$0.19
Home Health	\$303,098		\$303,098	\$4,280		\$307,378	1.059	\$325,563	\$49.53
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$2,119,929	(\$54,777)	\$2,065,153	\$35,425	\$43,004	\$2,143,582	1.082	\$2,318,484	\$352.73
IP - Psych	\$159		\$159		(\$5)	\$154	1.311	\$202	\$0.03
Lab	\$24,008		\$24,008	\$256		\$24,264	0.985	\$23,896	\$3.64
OP - Emergency Room & Related	\$173,859		\$173,859	\$2,455		\$176,314	1.059	\$186,745	\$28.41
OP - Other	\$1,124,783		\$1,124,783	\$15,882		\$1,140,665	1.059	\$1,208,151	\$183.81
Pharmacy	\$1,206,770	\$35,833	\$1,242,603	\$26	\$19,099	\$1,261,728	1.121	\$1,414,578	\$215.21
Prof - Anesthesia	\$65,802		\$65,802	\$942		\$66,744	1.117	\$74,569	\$11.34
Prof - Child EPSDT	\$11,735		\$11,735	\$168	(\$18)	\$11,884	1.117	\$13,278	\$2.02
Prof - Evaluation & Management	\$591,375		\$591,375	\$8,416	\$1,635	\$601,427	1.117	\$671,938	\$102.23
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$4,081,220		\$4,081,220	\$58,409	(\$6,320)	\$4,133,309	1.117	\$4,617,898	\$702.56
Prof - Psych	\$5,889		\$5,889	\$84	(\$9)	\$5,964	1.117	\$6,663	\$1.01
Prof - Specialist	\$141,724		\$141,724	\$2,028	(\$219)	\$143,533	1.117	\$160,361	\$24.40
Prof - Vision	\$36,551		\$36,551	\$422	(\$56)	\$36,916	1.117	\$41,245	\$6.27
Radiology	\$30,294		\$30,294	\$387		\$30,681	0.985	\$30,216	\$4.60
Transportation/Ambulance	\$46,425		\$46,425	\$372		\$46,797	0.985	\$46,087	\$7.01
Provider Incentive Payment Adjustment									\$9.65
Total	\$10,741,652	(\$18,944)	\$10,722,709	\$139,483	(\$10,718)	\$10,851,474		\$11,849,233	\$1,812.36
Admin Cost Adjustment									\$135.38
Medallion 3.0 Capitation Rate									\$1,947.75

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$931,243		\$931,243	\$11,887	(\$72,752)	\$870,379	0.985	\$857,178	\$24.75
FQHC / RHC	\$2,143		\$2,143	\$31		\$2,173	1.117	\$2,428	\$0.07
Home Health	\$48,443		\$48,443	\$684		\$49,127	1.059	\$52,034	\$1.50
IP - Maternity	\$80,311	(\$33,591)	\$46,720	\$1,342	\$984	\$49,046	1.082	\$53,048	\$1.53
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$6,068,775	(\$2,468,736)	\$3,600,040	\$101,412	\$75,778	\$3,777,229	1.082	\$4,085,426	\$117.96
IP - Psych	\$578,160		\$578,160	\$7,230	(\$16,876)	\$568,515	1.311	\$745,251	\$21.52
Lab	\$78,940		\$78,940	\$742		\$79,682	0.985	\$78,473	\$2.27
OP - Emergency Room & Related	\$642,230		\$642,230	\$9,068		\$651,298	1.059	\$689,832	\$19.92
OP - Other	\$2,305,478		\$2,305,478	\$32,554		\$2,338,032	1.059	\$2,476,360	\$71.50
Pharmacy	\$5,422,873	\$161,024	\$5,583,897	\$115	\$85,825	\$5,669,837	1.121	\$6,356,700	\$183.53
Prof - Anesthesia	\$94,452		\$94,452	\$1,352		\$95,803	1.117	\$107,035	\$3.09
Prof - Child EPSDT	\$10,757		\$10,757	\$154	(\$17)	\$10,894	1.117	\$12,171	\$0.35
Prof - Evaluation & Management	\$1,454,435		\$1,454,435	\$20,572	\$4,022	\$1,479,029	1.117	\$1,652,430	\$47.71
Prof - Maternity	\$28,731		\$28,731	\$411	(\$44)	\$29,097	1.117	\$32,509	\$0.94
Prof - Other	\$1,783,470		\$1,783,470	\$25,512	(\$2,762)	\$1,806,221	1.117	\$2,017,982	\$58.26
Prof - Psych	\$164,008		\$164,008	\$2,346	(\$254)	\$166,100	1.117	\$185,574	\$5.36
Prof - Specialist	\$243,932		\$243,932	\$3,491	(\$378)	\$247,045	1.117	\$276,009	\$7.97
Prof - Vision	\$93,021		\$93,021	\$789	(\$143)	\$93,667	1.117	\$104,649	\$3.02
Radiology	\$102,682		\$102,682	\$1,311		\$103,993	0.985	\$102,416	\$2.96
Transportation/Ambulance	\$228,015		\$228,015	\$1,765		\$229,780	0.985	\$226,295	\$6.53
Provider Incentive Payment Adjustment									\$3.11
Total	\$20,362,099	(\$2,341,304)	\$18,020,795	\$222,768	\$73,384	\$18,316,948		\$20,113,798	\$583.84
Admin Cost Adjustment									\$43.61
Medallion 3.0 Capitation Rate									\$627.46

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$309,570		\$309,570	\$3,952	(\$20,209)	\$293,312	0.985	\$288,864	\$12.06
FQHC / RHC	\$1,513		\$1,513	\$22		\$1,535	1.117	\$1,715	\$0.07
Home Health	\$48,107		\$48,107	\$679		\$48,786	1.059	\$51,673	\$2.16
IP - Maternity	\$410,488	\$8,577	\$419,065	\$6,859	\$8,720	\$434,644	1.082	\$470,108	\$19.62
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$5,185,686	\$167,827	\$5,353,513	\$86,655	\$111,374	\$5,551,542	1.082	\$6,004,511	\$250.60
IP - Psych	\$1,278,649		\$1,278,649	\$15,997	(\$37,323)	\$1,257,322	1.311	\$1,648,191	\$68.79
Lab	\$130,782		\$130,782	\$1,496		\$132,278	0.985	\$130,272	\$5.44
OP - Emergency Room & Related	\$1,967,488		\$1,967,488	\$27,781		\$1,995,269	1.059	\$2,113,318	\$88.20
OP - Other	\$1,786,811		\$1,786,811	\$25,230		\$1,812,041	1.059	\$1,919,249	\$80.10
Pharmacy	\$7,157,490	\$212,530	\$7,370,020	\$152	\$113,278	\$7,483,450	1.121	\$8,390,021	\$350.15
Prof - Anesthesia	\$82,356		\$82,356	\$1,179		\$83,534	1.117	\$93,328	\$3.89
Prof - Child EPSDT	\$7,160		\$7,160	\$102	(\$11)	\$7,251	1.117	\$8,101	\$0.34
Prof - Evaluation & Management	\$1,989,089		\$1,989,089	\$28,271	\$5,501	\$2,022,861	1.117	\$2,260,021	\$94.32
Prof - Maternity	\$117,684		\$117,684	\$1,684	(\$182)	\$119,186	1.117	\$133,159	\$5.56
Prof - Other	\$726,955		\$726,955	\$10,397	(\$1,126)	\$736,226	1.117	\$822,542	\$34.33
Prof - Psych	\$195,747		\$195,747	\$2,801	(\$303)	\$198,244	1.117	\$221,486	\$9.24
Prof - Specialist	\$455,737		\$455,737	\$6,523	(\$706)	\$461,554	1.117	\$515,667	\$21.52
Prof - Vision	\$58,168		\$58,168	\$576	(\$90)	\$58,654	1.117	\$65,531	\$2.73
Radiology	\$340,367		\$340,367	\$4,345		\$344,712	0.985	\$339,484	\$14.17
Transportation/Ambulance	\$406,338		\$406,338	\$4,393		\$410,731	0.985	\$404,501	\$16.88
Provider Incentive Payment Adjustment									\$5.78
Total	\$22,656,184	\$388,935	\$23,045,118	\$229,093	\$178,923	\$23,453,134		\$25,881,739	\$1,085.94
Admin Cost Adjustment									\$81.12
Medallion 3.0 Capitation Rate									\$1,167.06

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$506,283		\$506,283	\$6,463	(\$33,051)	\$479,695	0.985	\$472,420	\$19.06
FQHC / RHC	\$1,313		\$1,313	\$19		\$1,332	1.117	\$1,488	\$0.06
Home Health	\$71,653		\$71,653	\$1,012		\$72,665	1.059	\$76,964	\$3.10
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$4,381,952	(\$25,398)	\$4,356,554	\$73,224	\$90,689	\$4,520,467	1.082	\$4,889,307	\$197.21
IP - Psych	\$1,443,825		\$1,443,825	\$18,062	(\$42,145)	\$1,419,743	1.311	\$1,861,104	\$75.07
Lab	\$71,803		\$71,803	\$743		\$72,546	0.985	\$71,446	\$2.88
OP - Emergency Room & Related	\$981,814		\$981,814	\$13,863		\$995,677	1.059	\$1,054,585	\$42.54
OP - Other	\$1,749,337		\$1,749,337	\$24,701		\$1,774,038	1.059	\$1,878,997	\$75.79
Pharmacy	\$7,309,304	\$217,038	\$7,526,342	\$155	\$115,681	\$7,642,178	1.121	\$8,567,978	\$345.59
Prof - Anesthesia	\$45,820		\$45,820	\$656		\$46,476	1.117	\$51,925	\$2.09
Prof - Child EPSDT	\$10,095		\$10,095	\$144	(\$16)	\$10,224	1.117	\$11,422	\$0.46
Prof - Evaluation & Management	\$1,247,463		\$1,247,463	\$17,631	\$3,450	\$1,268,544	1.117	\$1,417,268	\$57.17
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$711,804		\$711,804	\$10,181	(\$1,102)	\$720,883	1.117	\$805,399	\$32.49
Prof - Psych	\$145,715		\$145,715	\$2,084	(\$226)	\$147,573	1.117	\$164,875	\$6.65
Prof - Specialist	\$323,132		\$323,132	\$4,625	(\$500)	\$327,257	1.117	\$365,624	\$14.75
Prof - Vision	\$36,087		\$36,087	\$253	(\$55)	\$36,285	1.117	\$40,539	\$1.64
Radiology	\$144,564		\$144,564	\$1,845		\$146,409	0.985	\$144,189	\$5.82
Transportation/Ambulance	\$259,269		\$259,269	\$2,486		\$261,755	0.985	\$257,785	\$10.40
Provider Incentive Payment Adjustment									\$4.78
Total	\$19,441,233	\$191,640	\$19,632,873	\$178,149	\$132,725	\$19,943,747		\$22,133,314	\$897.54
Admin Cost Adjustment									\$67.05
Medallion 3.0 Capitation Rate									\$964.58

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Northern Virginia	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$2,186,508		\$2,186,508	\$27,910	(\$142,738)	\$2,071,680	0.985	\$2,040,260	\$19.33
FQHC / RHC	\$7,583		\$7,583	\$109		\$7,691	1.117	\$8,593	\$0.08
Home Health	\$568,562		\$568,562	\$8,028		\$576,591	1.059	\$610,704	\$5.79
IP - Maternity	\$6,796	\$136	\$6,931	\$114	\$144	\$7,189	1.082	\$7,776	\$0.07
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$32,584,747	\$1,023,393	\$33,608,141	\$544,503	\$699,194	\$34,851,838	1.082	\$37,695,513	\$357.17
IP - Psych	\$2,631,711		\$2,631,711	\$32,923	(\$76,819)	\$2,587,815	1.311	\$3,392,299	\$32.14
Lab	\$690,298		\$690,298	\$8,083		\$698,382	0.985	\$687,789	\$6.52
OP - Emergency Room & Related	\$5,314,075		\$5,314,075	\$75,036		\$5,389,111	1.059	\$5,707,953	\$54.08
OP - Other	\$11,752,726		\$11,752,726	\$165,951		\$11,918,677	1.059	\$12,623,835	\$119.61
Pharmacy	\$39,615,468	\$1,176,318	\$40,791,785	\$840	\$626,975	\$41,419,601	1.121	\$46,437,312	\$440.01
Prof - Anesthesia	\$496,578		\$496,578	\$7,107		\$503,685	1.117	\$562,737	\$5.33
Prof - Child EPSDT	\$42,729		\$42,729	\$612	(\$66)	\$43,274	1.117	\$48,347	\$0.46
Prof - Evaluation & Management	\$8,949,201		\$8,949,201	\$127,102	\$24,748	\$9,101,051	1.117	\$10,168,057	\$96.34
Prof - Maternity	\$4,034		\$4,034	\$58	(\$6)	\$4,085	1.117	\$4,564	\$0.04
Prof - Other	\$3,738,739		\$3,738,739	\$53,487	(\$5,789)	\$3,786,437	1.117	\$4,230,358	\$40.08
Prof - Psych	\$443,483		\$443,483	\$6,345	(\$687)	\$449,141	1.117	\$501,799	\$4.75
Prof - Specialist	\$2,971,638		\$2,971,638	\$42,530	(\$4,601)	\$3,009,567	1.117	\$3,362,408	\$31.86
Prof - Vision	\$616,713		\$616,713	\$7,725	(\$953)	\$623,484	1.117	\$696,581	\$6.60
Radiology	\$2,163,480		\$2,163,480	\$27,616		\$2,191,096	0.985	\$2,157,864	\$20.45
Transportation/Ambulance	\$1,297,312		\$1,297,312	\$13,045		\$1,310,357	0.985	\$1,290,483	\$12.23
Provider Incentive Payment Adjustment									\$6.71
Total	\$116,082,381	\$2,199,847	\$118,282,227	\$1,149,125	\$1,119,402	\$120,550,754		\$132,235,234	\$1,259.67
Admin Cost Adjustment									\$94.10
Medallion 3.0 Capitation Rate									\$1,353.77

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$376,866		\$376,866	\$4,811	(\$32,902)	\$348,775	0.985	\$343,485	\$64.30
FQHC / RHC	\$54,166		\$54,166	\$775		\$54,941	1.117	\$61,383	\$11.49
Home Health	\$18,369		\$18,369	\$259		\$18,629	1.059	\$19,731	\$3.69
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,040,418	(\$178,908)	\$861,510	\$17,386	\$17,993	\$896,889	1.082	\$970,069	\$181.59
IP - Psych	\$106,704		\$106,704		(\$3,076)	\$103,628	1.311	\$135,843	\$25.43
Lab	\$18,269		\$18,269	\$221		\$18,490	0.985	\$18,210	\$3.41
OP - Emergency Room & Related	\$83,627		\$83,627	\$1,181		\$84,807	1.059	\$89,825	\$16.81
OP - Other	\$962,580		\$962,580	\$13,592		\$976,172	1.059	\$1,033,926	\$193.55
Pharmacy	\$777,990	\$23,101	\$801,092	\$16	\$12,313	\$813,421	1.121	\$911,962	\$170.72
Prof - Anesthesia	\$31,908		\$31,908	\$457		\$32,365	1.117	\$36,160	\$6.77
Prof - Child EPSDT	\$4,047		\$4,047	\$58	(\$6)	\$4,099	1.117	\$4,580	\$0.86
Prof - Evaluation & Management	\$271,666		\$271,666	\$3,874	\$751	\$276,291	1.117	\$308,684	\$57.78
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$1,454,416		\$1,454,416	\$20,820	(\$2,252)	\$1,472,984	1.117	\$1,645,676	\$308.06
Prof - Psych	\$25,534		\$25,534	\$64	(\$39)	\$25,559	1.117	\$28,555	\$5.35
Prof - Specialist	\$57,099		\$57,099	\$817	(\$88)	\$57,828	1.117	\$64,608	\$12.09
Prof - Vision	\$15,926		\$15,926	\$131	(\$25)	\$16,032	1.117	\$17,912	\$3.35
Radiology	\$27,031		\$27,031	\$345		\$27,376	0.985	\$26,961	\$5.05
Transportation/Ambulance	\$68,648		\$68,648	\$695		\$69,342	0.985	\$68,291	\$12.78
Provider Incentive Payment Adjustment									\$5.80
Total	\$5,395,267	(\$155,807)	\$5,239,459	\$65,501	(\$7,331)	\$5,297,629		\$5,785,859	\$1,088.89
Admin Cost Adjustment									\$81.34
Medallion 3.0 Capitation Rate									\$1,170.23

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$426,702		\$426,702	\$5,447	(\$33,335)	\$398,813	0.985	\$392,765	\$9.98
FQHC / RHC	\$196,974		\$196,974	\$2,819		\$199,793	1.117	\$223,217	\$5.67
Home Health	\$4,136		\$4,136	\$58		\$4,195	1.059	\$4,443	\$0.11
IP - Maternity	\$173,411	(\$6,934)	\$166,477	\$2,898	\$3,468	\$172,843	1.082	\$186,946	\$4.75
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,624,700	(\$46,330)	\$1,578,369	\$27,149	\$32,869	\$1,638,388	1.082	\$1,772,069	\$45.01
IP - Psych	\$1,126,506		\$1,126,506	\$4,582	(\$32,608)	\$1,098,480	1.311	\$1,439,968	\$36.57
Lab	\$135,931		\$135,931	\$1,645		\$137,576	0.985	\$135,490	\$3.44
OP - Emergency Room & Related	\$446,088		\$446,088	\$6,299		\$452,387	1.059	\$479,152	\$12.17
OP - Other	\$1,054,929		\$1,054,929	\$14,896		\$1,069,825	1.059	\$1,133,120	\$28.78
Pharmacy	\$5,920,080	\$175,787	\$6,095,868	\$126	\$93,694	\$6,189,687	1.121	\$6,939,527	\$176.25
Prof - Anesthesia	\$41,642		\$41,642	\$596		\$42,238	1.117	\$47,190	\$1.20
Prof - Child EPSDT	\$12,542		\$12,542	\$180	(\$19)	\$12,702	1.117	\$14,192	\$0.36
Prof - Evaluation & Management	\$1,112,439		\$1,112,439	\$15,811	\$3,076	\$1,131,327	1.117	\$1,263,963	\$32.10
Prof - Maternity	\$40,794		\$40,794	\$584	(\$63)	\$41,314	1.117	\$46,158	\$1.17
Prof - Other	\$1,966,755		\$1,966,755	\$28,183	(\$3,046)	\$1,991,892	1.117	\$2,225,422	\$56.52
Prof - Psych	\$336,656		\$336,656	\$2,668	(\$518)	\$338,806	1.117	\$378,527	\$9.61
Prof - Specialist	\$157,985		\$157,985	\$2,261	(\$245)	\$160,002	1.117	\$178,760	\$4.54
Prof - Vision	\$92,126		\$92,126	\$582	(\$142)	\$92,566	1.117	\$103,419	\$2.63
Radiology	\$102,105		\$102,105	\$1,303		\$103,409	0.985	\$101,840	\$2.59
Transportation/Ambulance	\$347,130		\$347,130	\$3,096		\$350,226	0.985	\$344,915	\$8.76
Provider Incentive Payment Adjustment									\$2.37
Total	\$15,319,633	\$122,523	\$15,442,156	\$121,183	\$63,132	\$15,626,470		\$17,411,083	\$444.58
Admin Cost Adjustment									\$33.21
Medallion 3.0 Capitation Rate									\$477.79

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$373,903		\$373,903	\$4,773	(\$24,409)	\$354,267	0.985	\$348,894	\$14.88
FQHC / RHC	\$195,719		\$195,719	\$2,801		\$198,521	1.117	\$221,795	\$9.46
Home Health	\$27,532		\$27,532	\$389		\$27,921	1.059	\$29,573	\$1.26
IP - Maternity	\$345,455	(\$29,294)	\$316,161	\$5,773	\$6,591	\$328,525	1.082	\$355,330	\$15.15
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$4,001,236	(\$293,409)	\$3,707,827	\$66,862	\$77,278	\$3,851,967	1.082	\$4,166,262	\$177.64
IP - Psych	\$1,021,965		\$1,021,965	\$7,682	(\$29,684)	\$999,963	1.311	\$1,310,825	\$55.89
Lab	\$358,405		\$358,405	\$4,516		\$362,921	0.985	\$357,416	\$15.24
OP - Emergency Room & Related	\$1,246,754		\$1,246,754	\$17,604		\$1,264,359	1.059	\$1,339,163	\$57.10
OP - Other	\$2,131,993		\$2,131,993	\$30,104		\$2,162,097	1.059	\$2,290,016	\$97.64
Pharmacy	\$6,572,824	\$195,169	\$6,767,993	\$139	\$104,025	\$6,872,158	1.121	\$7,704,674	\$328.50
Prof - Anesthesia	\$54,004		\$54,004	\$773		\$54,777	1.117	\$61,199	\$2.61
Prof - Child EPSDT	\$15,072		\$15,072	\$216	(\$23)	\$15,265	1.117	\$17,054	\$0.73
Prof - Evaluation & Management	\$1,465,450		\$1,465,450	\$20,901	\$4,053	\$1,490,404	1.117	\$1,665,139	\$71.00
Prof - Maternity	\$147,365		\$147,365	\$2,109	(\$228)	\$149,246	1.117	\$166,744	\$7.11
Prof - Other	\$483,171		\$483,171	\$6,924	(\$748)	\$489,346	1.117	\$546,717	\$23.31
Prof - Psych	\$196,172		\$196,172	\$1,653	(\$302)	\$197,523	1.117	\$220,681	\$9.41
Prof - Specialist	\$369,839		\$369,839	\$5,293	(\$573)	\$374,560	1.117	\$418,473	\$17.84
Prof - Vision	\$57,401		\$57,401	\$498	(\$88)	\$57,811	1.117	\$64,588	\$2.75
Radiology	\$327,722		\$327,722	\$4,183		\$331,905	0.985	\$326,871	\$13.94
Transportation/Ambulance	\$534,002		\$534,002	\$6,053		\$540,055	0.985	\$531,864	\$22.68
Provider Incentive Payment Adjustment									\$5.05
Total	\$19,925,986	(\$127,534)	\$19,798,453	\$189,246	\$135,891	\$20,123,590		\$22,143,279	\$949.17
Admin Cost Adjustment									\$70.90
Medallion 3.0 Capitation Rate									\$1,020.07

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$628,338		\$628,338	\$8,021	(\$41,019)	\$595,340	0.985	\$586,311	\$29.91
FQHC / RHC	\$57,089		\$57,089	\$817		\$57,906	1.117	\$64,695	\$3.30
Home Health	\$28,940		\$28,940	\$409		\$29,348	1.059	\$31,084	\$1.59
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$4,680,942	\$46,985	\$4,727,927	\$78,220	\$98,394	\$4,904,541	1.082	\$5,304,719	\$270.61
IP - Psych	\$786,419		\$786,419	\$5,076	(\$22,818)	\$768,676	1.311	\$1,007,638	\$51.40
Lab	\$122,765		\$122,765	\$1,519		\$124,284	0.985	\$122,399	\$6.24
OP - Emergency Room & Related	\$712,025		\$712,025	\$10,054		\$722,079	1.059	\$764,800	\$39.01
OP - Other	\$1,150,552		\$1,150,552	\$16,246		\$1,166,798	1.059	\$1,235,830	\$63.04
Pharmacy	\$5,375,747	\$159,624	\$5,535,371	\$114	\$85,079	\$5,620,565	1.121	\$6,301,459	\$321.45
Prof - Anesthesia	\$30,236		\$30,236	\$433		\$30,669	1.117	\$34,264	\$1.75
Prof - Child EPSDT	\$6,776		\$6,776	\$97	(\$10)	\$6,862	1.117	\$7,667	\$0.39
Prof - Evaluation & Management	\$877,418		\$877,418	\$12,502	\$2,427	\$892,347	1.117	\$996,965	\$50.86
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$756,856		\$756,856	\$10,849	(\$1,172)	\$766,534	1.117	\$856,402	\$43.69
Prof - Psych	\$122,736		\$122,736	\$680	(\$188)	\$123,227	1.117	\$137,674	\$7.02
Prof - Specialist	\$230,485		\$230,485	\$3,299	(\$357)	\$233,426	1.117	\$260,793	\$13.30
Prof - Vision	\$43,488		\$43,488	\$372	(\$67)	\$43,794	1.117	\$48,928	\$2.50
Radiology	\$127,224		\$127,224	\$1,624		\$128,848	0.985	\$126,894	\$6.47
Transportation/Ambulance	\$318,557		\$318,557	\$3,394		\$321,951	0.985	\$317,068	\$16.17
Provider Incentive Payment Adjustment									\$4.97
Total	\$16,056,591	\$206,609	\$16,263,200	\$153,724	\$120,269	\$16,537,193		\$18,205,589	\$933.69
Admin Cost Adjustment									\$69.75
Medallion 3.0 Capitation Rate									\$1,003.43

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Other MSA	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$2,177,445		\$2,177,445	\$27,795	(\$142,146)	\$2,063,093	0.985	\$2,031,803	\$32.16
FQHC / RHC	\$640,195		\$640,195	\$9,163		\$649,357	1.117	\$725,488	\$11.48
Home Health	\$351,398		\$351,398	\$4,962		\$356,359	1.059	\$377,443	\$5.97
IP - Maternity	\$2,321	\$31	\$2,352	\$39	\$49	\$2,439	1.082	\$2,638	\$0.04
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$20,313,245	\$502,302	\$20,815,548	\$339,442	\$433,098	\$21,588,088	1.082	\$23,349,530	\$369.60
IP - Psych	\$1,973,947		\$1,973,947	\$10,943	(\$57,222)	\$1,927,668	1.311	\$2,526,929	\$40.00
Lab	\$936,783		\$936,783	\$11,798		\$948,582	0.985	\$934,195	\$14.79
OP - Emergency Room & Related	\$2,726,910		\$2,726,910	\$38,505		\$2,765,415	1.059	\$2,929,028	\$46.36
OP - Other	\$7,831,718		\$7,831,718	\$110,586		\$7,942,304	1.059	\$8,412,203	\$133.16
Pharmacy	\$24,578,429	\$729,817	\$25,308,246	\$521	\$388,991	\$25,697,758	1.121	\$28,810,872	\$456.05
Prof - Anesthesia	\$193,361		\$193,361	\$2,767		\$196,129	1.117	\$219,123	\$3.47
Prof - Child EPSDT	\$41,615		\$41,615	\$596	(\$64)	\$42,146	1.117	\$47,088	\$0.75
Prof - Evaluation & Management	\$4,560,621		\$4,560,621	\$65,073	\$12,613	\$4,638,307	1.117	\$5,182,102	\$82.03
Prof - Maternity	\$1,388		\$1,388	\$20	(\$2)	\$1,405	1.117	\$1,570	\$0.02
Prof - Other	\$2,822,507		\$2,822,507	\$40,413	(\$4,371)	\$2,858,549	1.117	\$3,193,685	\$50.55
Prof - Psych	\$324,577		\$324,577	\$1,536	(\$498)	\$325,615	1.117	\$363,790	\$5.76
Prof - Specialist	\$1,875,112		\$1,875,112	\$26,837	(\$2,904)	\$1,899,045	1.117	\$2,121,689	\$33.58
Prof - Vision	\$271,594		\$271,594	\$3,013	(\$419)	\$274,188	1.117	\$306,333	\$4.85
Radiology	\$1,102,074		\$1,102,074	\$14,068		\$1,116,142	0.985	\$1,099,214	\$17.40
Transportation/Ambulance	\$1,584,668		\$1,584,668	\$18,180		\$1,602,848	0.985	\$1,578,538	\$24.99
Provider Incentive Payment Adjustment									\$7.14
Total	\$74,309,909	\$1,232,150	\$75,542,059	\$726,254	\$627,125	\$76,895,438		\$84,213,260	\$1,340.15
Admin Cost Adjustment									\$100.11
Medallion 3.0 Capitation Rate									\$1,440.26

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$926,481		\$926,481	\$11,826	(\$80,886)	\$857,422	0.985	\$844,417	\$89.86
FQHC / RHC	\$2,950		\$2,950	\$42		\$2,993	1.117	\$3,344	\$0.36
Home Health	\$1,763,100		\$1,763,100	\$24,895		\$1,787,996	1.059	\$1,893,781	\$201.53
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,716,895	\$55,565	\$1,772,460	\$28,690	\$36,874	\$1,838,024	1.082	\$1,987,994	\$211.56
IP - Psych	\$189,546		\$189,546	\$287	(\$5,473)	\$184,361	1.311	\$241,674	\$25.72
Lab	\$28,360		\$28,360	\$318		\$28,678	0.985	\$28,243	\$3.01
OP - Emergency Room & Related	\$279,312		\$279,312	\$3,944		\$283,256	1.059	\$300,014	\$31.93
OP - Other	\$1,648,351		\$1,648,351	\$23,275		\$1,671,626	1.059	\$1,770,527	\$188.41
Pharmacy	\$1,096,270	\$32,552	\$1,128,822	\$23	\$17,350	\$1,146,195	1.121	\$1,285,049	\$136.75
Prof - Anesthesia	\$46,586		\$46,586	\$667		\$47,252	1.117	\$52,792	\$5.62
Prof - Child EPSDT	\$11,089		\$11,089	\$159	(\$17)	\$11,231	1.117	\$12,547	\$1.34
Prof - Evaluation & Management	\$575,826		\$575,826	\$8,221	\$1,593	\$585,639	1.117	\$654,299	\$69.63
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$1,339,555		\$1,339,555	\$19,178	(\$2,074)	\$1,356,659	1.117	\$1,515,713	\$161.30
Prof - Psych	\$55,926		\$55,926	\$329	(\$86)	\$56,169	1.117	\$62,755	\$6.68
Prof - Specialist	\$141,706		\$141,706	\$2,028	(\$219)	\$143,514	1.117	\$160,340	\$17.06
Prof - Vision	\$21,769		\$21,769	\$164	(\$33)	\$21,899	1.117	\$24,467	\$2.60
Radiology	\$26,908		\$26,908	\$343		\$27,251	0.985	\$26,838	\$2.86
Transportation/Ambulance	\$79,347		\$79,347	\$670		\$80,017	0.985	\$78,804	\$8.39
Provider Incentive Payment Adjustment									\$6.23
Total	\$9,949,977	\$88,117	\$10,038,094	\$125,061	(\$32,972)	\$10,130,182		\$10,943,598	\$1,170.82
Admin Cost Adjustment									\$87.46
Medallion 3.0 Capitation Rate									\$1,258.28

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,501,157		\$1,501,157	\$19,162	(\$117,275)	\$1,403,044	0.985	\$1,381,764	\$13.18
FQHC / RHC	\$50,462		\$50,462	\$722		\$51,184	1.117	\$57,185	\$0.55
Home Health	\$276,988		\$276,988	\$3,911		\$280,899	1.059	\$297,519	\$2.84
IP - Maternity	\$359,401	(\$25,407)	\$333,994	\$6,006	\$6,961	\$346,960	1.082	\$375,270	\$3.58
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$7,503,346	(\$444,380)	\$7,058,966	\$125,384	\$147,082	\$7,331,433	1.082	\$7,929,628	\$75.64
IP - Psych	\$3,143,214		\$3,143,214	\$17,556	(\$91,122)	\$3,069,648	1.311	\$4,023,920	\$38.38
Lab	\$236,696		\$236,696	\$2,500		\$239,195	0.985	\$235,567	\$2.25
OP - Emergency Room & Related	\$2,192,892		\$2,192,892	\$30,964		\$2,223,856	1.059	\$2,355,428	\$22.47
OP - Other	\$4,393,551		\$4,393,551	\$62,038		\$4,455,589	1.059	\$4,719,200	\$45.01
Pharmacy	\$13,546,425	\$402,239	\$13,948,664	\$287	\$214,393	\$14,163,344	1.121	\$15,879,140	\$151.46
Prof - Anesthesia	\$148,900		\$148,900	\$2,131		\$151,032	1.117	\$168,738	\$1.61
Prof - Child EPSDT	\$27,420		\$27,420	\$392	(\$42)	\$27,770	1.117	\$31,026	\$0.30
Prof - Evaluation & Management	\$3,120,387		\$3,120,387	\$44,424	\$8,630	\$3,173,441	1.117	\$3,545,495	\$33.82
Prof - Maternity	\$182,140		\$182,140	\$2,607	(\$282)	\$184,465	1.117	\$206,092	\$1.97
Prof - Other	\$3,180,208		\$3,180,208	\$45,564	(\$4,925)	\$3,220,848	1.117	\$3,598,460	\$34.32
Prof - Psych	\$814,794		\$814,794	\$6,739	(\$1,254)	\$820,279	1.117	\$916,448	\$8.74
Prof - Specialist	\$558,976		\$558,976	\$8,000	(\$866)	\$566,110	1.117	\$632,481	\$6.03
Prof - Vision	\$181,935		\$181,935	\$952	(\$279)	\$182,608	1.117	\$204,017	\$1.95
Radiology	\$234,528		\$234,528	\$2,994		\$237,522	0.985	\$233,920	\$2.23
Transportation/Ambulance	\$592,509		\$592,509	\$3,784		\$596,294	0.985	\$587,250	\$5.60
Provider Incentive Payment Adjustment									\$2.42
Total	\$42,245,930	(\$67,548)	\$42,178,382	\$386,118	\$161,021	\$42,725,520		\$47,378,547	\$454.33
Admin Cost Adjustment									\$33.94
Medallion 3.0 Capitation Rate									\$488.27

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,036,631		\$1,036,631	\$13,232	(\$67,673)	\$982,191	0.985	\$967,294	\$17.00
FQHC / RHC	\$141,035		\$141,035	\$2,019		\$143,054	1.117	\$159,825	\$2.81
Home Health	\$107,654		\$107,654	\$1,520		\$109,174	1.059	\$115,634	\$2.03
IP - Maternity	\$1,086,938	\$6,002	\$1,092,940	\$18,163	\$22,747	\$1,133,850	1.082	\$1,226,365	\$21.55
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$12,302,891	\$209,035	\$12,511,926	\$205,586	\$260,361	\$12,977,873	1.082	\$14,036,780	\$246.64
IP - Psych	\$3,399,758		\$3,399,758	\$30,672	(\$98,896)	\$3,331,534	1.311	\$4,367,220	\$76.74
Lab	\$484,661		\$484,661	\$5,909		\$490,570	0.985	\$483,130	\$8.49
OP - Emergency Room & Related	\$5,018,960		\$5,018,960	\$70,869		\$5,089,829	1.059	\$5,390,964	\$94.72
OP - Other	\$5,326,619		\$5,326,619	\$75,213		\$5,401,832	1.059	\$5,721,426	\$100.53
Pharmacy	\$14,550,209	\$432,045	\$14,982,254	\$309	\$230,279	\$15,212,842	1.121	\$17,055,777	\$299.69
Prof - Anesthesia	\$194,072		\$194,072	\$2,778		\$196,850	1.117	\$219,929	\$3.86
Prof - Child EPSDT	\$30,896		\$30,896	\$442	(\$48)	\$31,290	1.117	\$34,959	\$0.61
Prof - Evaluation & Management	\$4,113,238		\$4,113,238	\$58,741	\$11,376	\$4,183,354	1.117	\$4,673,810	\$82.12
Prof - Maternity	\$476,248		\$476,248	\$6,816	(\$737)	\$482,326	1.117	\$538,874	\$9.47
Prof - Other	\$1,522,892		\$1,522,892	\$21,822	(\$2,358)	\$1,542,356	1.117	\$1,723,182	\$30.28
Prof - Psych	\$511,096		\$511,096	\$4,632	(\$787)	\$514,941	1.117	\$575,312	\$10.11
Prof - Specialist	\$1,084,984		\$1,084,984	\$15,528	(\$1,680)	\$1,098,832	1.117	\$1,227,659	\$21.57
Prof - Vision	\$101,459		\$101,459	\$848	(\$156)	\$102,150	1.117	\$114,126	\$2.01
Radiology	\$678,713		\$678,713	\$8,664		\$687,377	0.985	\$676,951	\$11.89
Transportation/Ambulance	\$1,125,617		\$1,125,617	\$12,324		\$1,137,941	0.985	\$1,120,682	\$19.69
Provider Incentive Payment Adjustment									\$5.68
Total	\$53,294,572	\$647,082	\$53,941,654	\$556,085	\$352,428	\$54,850,167		\$60,429,900	\$1,067.50
Admin Cost Adjustment									\$79.74
Medallion 3.0 Capitation Rate									\$1,147.24

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$820,106		\$820,106	\$10,468	(\$53,538)	\$777,037	0.985	\$765,252	\$15.44
FQHC / RHC	\$102,825		\$102,825	\$1,472		\$104,297	1.117	\$116,524	\$2.35
Home Health	\$99,549		\$99,549	\$1,406		\$100,955	1.059	\$106,928	\$2.16
IP - Maternity	\$7,304	\$72	\$7,375	\$122	\$153	\$7,651	1.082	\$8,275	\$0.17
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$8,460,963	\$180,238	\$8,641,201	\$141,386	\$179,803	\$8,962,390	1.082	\$9,693,660	\$195.64
IP - Psych	\$2,762,792		\$2,762,792	\$24,153	(\$80,345)	\$2,706,600	1.311	\$3,548,010	\$71.61
Lab	\$130,780		\$130,780	\$1,431		\$132,211	0.985	\$130,206	\$2.63
OP - Emergency Room & Related	\$2,415,459		\$2,415,459	\$34,107		\$2,449,566	1.059	\$2,594,492	\$52.36
OP - Other	\$3,382,813		\$3,382,813	\$47,766		\$3,430,579	1.059	\$3,633,546	\$73.33
Pharmacy	\$10,252,641	\$304,436	\$10,557,077	\$217	\$162,264	\$10,719,558	1.121	\$12,018,162	\$242.56
Prof - Anesthesia	\$75,892		\$75,892	\$1,086		\$76,978	1.117	\$86,003	\$1.74
Prof - Child EPSDT	\$16,466		\$16,466	\$236	(\$25)	\$16,676	1.117	\$18,631	\$0.38
Prof - Evaluation & Management	\$2,074,109		\$2,074,109	\$29,574	\$5,736	\$2,109,420	1.117	\$2,356,728	\$47.56
Prof - Maternity	\$1,475		\$1,475	\$21	(\$2)	\$1,494	1.117	\$1,669	\$0.03
Prof - Other	\$1,896,008		\$1,896,008	\$27,162	(\$2,936)	\$1,920,234	1.117	\$2,145,362	\$43.30
Prof - Psych	\$330,887		\$330,887	\$2,381	(\$509)	\$332,759	1.117	\$371,772	\$7.50
Prof - Specialist	\$615,451		\$615,451	\$8,808	(\$953)	\$623,306	1.117	\$696,382	\$14.05
Prof - Vision	\$79,813		\$79,813	\$616	(\$123)	\$80,306	1.117	\$89,721	\$1.81
Radiology	\$265,111		\$265,111	\$3,384		\$268,495	0.985	\$264,423	\$5.34
Transportation/Ambulance	\$773,705		\$773,705	\$8,090		\$781,795	0.985	\$769,938	\$15.54
Provider Incentive Payment Adjustment									\$4.26
Total	\$34,564,147	\$484,746	\$35,048,893	\$343,886	\$209,525	\$35,602,304		\$39,415,683	\$799.76
Admin Cost Adjustment									\$59.74
Medallion 3.0 Capitation Rate									\$859.51

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Richmond/Charlottesville	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$4,352,197		\$4,352,197	\$55,555	(\$284,117)	\$4,123,635	0.985	\$4,061,093	\$27.39
FQHC / RHC	\$545,780		\$545,780	\$7,811		\$553,591	1.117	\$618,494	\$4.17
Home Health	\$891,637		\$891,637	\$12,590		\$904,228	1.059	\$957,725	\$6.46
IP - Maternity	\$4,804	\$57	\$4,861	\$80	\$101	\$5,043	1.082	\$5,454	\$0.04
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$61,275,812	\$1,433,092	\$62,708,905	\$1,023,942	\$1,304,778	\$65,037,625	1.082	\$70,344,257	\$474.46
IP - Psych	\$7,185,587		\$7,185,587	\$58,533	(\$208,841)	\$7,035,280	1.311	\$9,222,363	\$62.20
Lab	\$1,038,154		\$1,038,154	\$12,555		\$1,050,709	0.985	\$1,034,773	\$6.98
OP - Emergency Room & Related	\$9,613,608		\$9,613,608	\$135,746		\$9,749,354	1.059	\$10,326,166	\$69.65
OP - Other	\$22,940,895		\$22,940,895	\$323,930		\$23,264,826	1.059	\$24,641,268	\$166.20
Pharmacy	\$58,314,656	\$1,731,560	\$60,046,216	\$1,237	\$922,918	\$60,970,371	1.121	\$68,356,529	\$461.06
Prof - Anesthesia	\$561,118		\$561,118	\$8,031		\$569,149	1.117	\$635,876	\$4.29
Prof - Child EPSDT	\$60,745		\$60,745	\$869	(\$94)	\$61,521	1.117	\$68,733	\$0.46
Prof - Evaluation & Management	\$12,260,902		\$12,260,902	\$175,144	\$33,909	\$12,469,955	1.117	\$13,931,931	\$93.97
Prof - Maternity	\$1,666		\$1,666	\$24	(\$3)	\$1,687	1.117	\$1,885	\$0.01
Prof - Other	\$6,202,246		\$6,202,246	\$88,849	(\$9,604)	\$6,281,491	1.117	\$7,017,932	\$47.33
Prof - Psych	\$989,846		\$989,846	\$7,073	(\$1,522)	\$995,398	1.117	\$1,112,098	\$7.50
Prof - Specialist	\$4,716,428		\$4,716,428	\$67,502	(\$7,303)	\$4,776,627	1.117	\$5,336,638	\$35.99
Prof - Vision	\$561,131		\$561,131	\$6,438	(\$866)	\$566,703	1.117	\$633,143	\$4.27
Radiology	\$2,185,461		\$2,185,461	\$27,897		\$2,213,358	0.985	\$2,179,789	\$14.70
Transportation/Ambulance	\$3,138,806		\$3,138,806	\$34,738		\$3,173,544	0.985	\$3,125,411	\$21.08
Provider Incentive Payment Adjustment									\$8.07
Total	\$196,841,480	\$3,164,710	\$200,006,190	\$2,048,545	\$1,749,357	\$203,804,093		\$223,611,558	\$1,516.30
Admin Cost Adjustment									\$113.27
Medallion 3.0 Capitation Rate									\$1,629.57

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$436,575		\$436,575	\$5,573	(\$38,115)	\$404,033	0.985	\$397,905	\$62.79
FQHC / RHC	\$19,804		\$19,804	\$283		\$20,088	1.117	\$22,443	\$3.54
Home Health	\$46,022		\$46,022	\$650		\$46,671	1.059	\$49,433	\$7.80
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,211,220	\$39,199	\$1,250,419	\$20,240	\$26,014	\$1,296,673	1.082	\$1,402,473	\$221.31
IP - Psych	\$121,748		\$121,748	\$36	(\$3,511)	\$118,273	1.311	\$155,041	\$24.47
Lab	\$26,837		\$26,837	\$321		\$27,158	0.985	\$26,747	\$4.22
OP - Emergency Room & Related	\$184,725		\$184,725	\$2,608		\$187,334	1.059	\$198,417	\$31.31
OP - Other	\$1,015,359		\$1,015,359	\$14,337		\$1,029,696	1.059	\$1,090,617	\$172.10
Pharmacy	\$913,820	\$27,134	\$940,955	\$19	\$14,463	\$955,437	1.121	\$1,071,182	\$169.04
Prof - Anesthesia	\$48,452		\$48,452	\$693		\$49,146	1.117	\$54,908	\$8.66
Prof - Child EPSDT	\$12,479		\$12,479	\$179	(\$19)	\$12,638	1.117	\$14,120	\$2.23
Prof - Evaluation & Management	\$417,348		\$417,348	\$5,953	\$1,154	\$424,455	1.117	\$474,218	\$74.83
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$570,451		\$570,451	\$8,176	(\$883)	\$577,743	1.117	\$645,478	\$101.86
Prof - Psych	\$30,092		\$30,092	\$94	(\$46)	\$30,141	1.117	\$33,674	\$5.31
Prof - Specialist	\$91,004		\$91,004	\$1,302	(\$141)	\$92,165	1.117	\$102,971	\$16.25
Prof - Vision	\$17,387		\$17,387	\$137	(\$27)	\$17,498	1.117	\$19,549	\$3.08
Radiology	\$54,741		\$54,741	\$699		\$55,440	0.985	\$54,599	\$8.62
Transportation/Ambulance	\$59,099		\$59,099	\$518		\$59,617	0.985	\$58,713	\$9.27
Provider Incentive Payment Adjustment									\$4.96
Total	\$5,277,165	\$66,334	\$5,343,499	\$61,820	(\$1,112)	\$5,404,207		\$5,872,487	\$931.66
Admin Cost Adjustment									\$69.59
Medallion 3.0 Capitation Rate									\$1,001.25

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$743,461		\$743,461	\$9,490	(\$58,081)	\$694,869	0.985	\$684,330	\$13.89
FQHC / RHC	\$128,360		\$128,360	\$1,837		\$130,197	1.117	\$145,461	\$2.95
Home Health	\$73,999		\$73,999	\$1,045		\$75,043	1.059	\$79,483	\$1.61
IP - Maternity	\$122,986	\$2,570	\$125,556	\$2,055	\$2,613	\$130,224	1.082	\$140,849	\$2.86
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,795,499	\$58,109	\$1,853,607	\$30,003	\$38,562	\$1,922,173	1.082	\$2,079,010	\$42.19
IP - Psych	\$1,275,010		\$1,275,010	\$3,003	(\$36,844)	\$1,241,169	1.311	\$1,627,015	\$33.02
Lab	\$127,650		\$127,650	\$1,478		\$129,128	0.985	\$127,170	\$2.58
OP - Emergency Room & Related	\$851,792		\$851,792	\$12,027		\$863,820	1.059	\$914,927	\$18.57
OP - Other	\$2,332,921		\$2,332,921	\$32,941		\$2,365,862	1.059	\$2,505,836	\$50.85
Pharmacy	\$8,556,308	\$254,066	\$8,810,374	\$181	\$135,417	\$8,945,972	1.121	\$10,029,717	\$203.53
Prof - Anesthesia	\$72,630		\$72,630	\$1,039		\$73,670	1.117	\$82,307	\$1.67
Prof - Child EPSDT	\$16,592		\$16,592	\$237	(\$26)	\$16,804	1.117	\$18,774	\$0.38
Prof - Evaluation & Management	\$1,455,399		\$1,455,399	\$20,694	\$4,025	\$1,480,118	1.117	\$1,653,647	\$33.56
Prof - Maternity	\$68,439		\$68,439	\$979	(\$106)	\$69,312	1.117	\$77,438	\$1.57
Prof - Other	\$595,480		\$595,480	\$8,632	(\$922)	\$603,189	1.117	\$673,907	\$13.68
Prof - Psych	\$383,618		\$383,618	\$2,563	(\$590)	\$385,591	1.117	\$430,798	\$8.74
Prof - Specialist	\$231,498		\$231,498	\$3,313	(\$358)	\$234,453	1.117	\$261,940	\$5.32
Prof - Vision	\$100,286		\$100,286	\$568	(\$154)	\$100,700	1.117	\$112,506	\$2.28
Radiology	\$116,680		\$116,680	\$1,489		\$118,169	0.985	\$116,377	\$2.36
Transportation/Ambulance	\$417,877		\$417,877	\$3,430		\$421,307	0.985	\$414,917	\$8.42
Provider Incentive Payment Adjustment									\$2.41
Total	\$19,466,483	\$314,744	\$19,781,227	\$137,008	\$83,535	\$20,001,771		\$22,176,410	\$452.42
Admin Cost Adjustment									\$33.80
Medallion 3.0 Capitation Rate									\$486.21

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$520,300		\$520,300	\$6,642	(\$33,966)	\$492,976	0.985	\$485,499	\$16.71
FQHC / RHC	\$347,686		\$347,686	\$4,976		\$352,662	1.117	\$394,008	\$13.56
Home Health	\$145,063		\$145,063	\$2,048		\$147,111	1.059	\$155,815	\$5.36
IP - Maternity	\$447,073	\$8,182	\$455,255	\$7,471	\$9,473	\$472,199	1.082	\$510,727	\$17.58
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$4,410,852	\$131,308	\$4,542,160	\$73,707	\$94,499	\$4,710,366	1.082	\$5,094,700	\$175.39
IP - Psych	\$1,070,743		\$1,070,743	\$6,134	(\$31,045)	\$1,045,832	1.311	\$1,370,954	\$47.20
Lab	\$250,688		\$250,688	\$3,103		\$253,791	0.985	\$249,941	\$8.60
OP - Emergency Room & Related	\$1,826,187		\$1,826,187	\$25,786		\$1,851,973	1.059	\$1,961,543	\$67.53
OP - Other	\$2,919,113		\$2,919,113	\$41,219		\$2,960,332	1.059	\$3,135,477	\$107.94
Pharmacy	\$7,468,394	\$221,762	\$7,690,156	\$158	\$118,199	\$7,808,513	1.121	\$8,754,463	\$301.38
Prof - Anesthesia	\$95,974		\$95,974	\$1,374		\$97,347	1.117	\$108,760	\$3.74
Prof - Child EPSDT	\$152,242		\$152,242	\$2,179	(\$236)	\$154,185	1.117	\$172,261	\$5.93
Prof - Evaluation & Management	\$1,790,447		\$1,790,447	\$25,544	\$4,952	\$1,820,942	1.117	\$2,034,429	\$70.04
Prof - Maternity	\$180,267		\$180,267	\$2,580	(\$279)	\$182,567	1.117	\$203,972	\$7.02
Prof - Other	\$801,257		\$801,257	\$11,528	(\$1,241)	\$811,544	1.117	\$906,690	\$31.21
Prof - Psych	\$247,294		\$247,294	\$1,897	(\$380)	\$248,811	1.117	\$277,982	\$9.57
Prof - Specialist	\$480,544		\$480,544	\$6,878	(\$744)	\$486,677	1.117	\$543,735	\$18.72
Prof - Vision	\$50,176		\$50,176	\$425	(\$77)	\$50,523	1.117	\$56,446	\$1.94
Radiology	\$318,677		\$318,677	\$4,068		\$322,745	0.985	\$317,850	\$10.94
Transportation/Ambulance	\$483,824		\$483,824	\$5,062		\$488,886	0.985	\$481,471	\$16.58
Provider Incentive Payment Adjustment									\$5.02
Total	\$24,006,801	\$361,252	\$24,368,052	\$232,777	\$159,154	\$24,759,983		\$27,216,725	\$941.97
Admin Cost Adjustment									\$70.36
Medallion 3.0 Capitation Rate									\$1,012.34

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$507,398		\$507,398	\$6,477	(\$33,124)	\$480,752	0.985	\$473,460	\$18.62
FQHC / RHC	\$159,350		\$159,350	\$2,281		\$161,630	1.117	\$180,580	\$7.10
Home Health	\$95,341		\$95,341	\$1,346		\$96,687	1.059	\$102,407	\$4.03
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$3,742,667	(\$19,373)	\$3,723,294	\$62,541	\$77,506	\$3,863,341	1.082	\$4,178,564	\$164.29
IP - Psych	\$955,594		\$955,594	\$5,874	(\$27,718)	\$933,749	1.311	\$1,224,027	\$48.13
Lab	\$74,764		\$74,764	\$872		\$75,635	0.985	\$74,488	\$2.93
OP - Emergency Room & Related	\$951,162		\$951,162	\$13,431		\$964,593	1.059	\$1,021,662	\$40.17
OP - Other	\$1,744,751		\$1,744,751	\$24,636		\$1,769,387	1.059	\$1,874,071	\$73.68
Pharmacy	\$4,473,663	\$132,838	\$4,606,501	\$95	\$70,803	\$4,677,399	1.121	\$5,244,034	\$206.18
Prof - Anesthesia	\$30,888		\$30,888	\$442		\$31,330	1.117	\$35,003	\$1.38
Prof - Child EPSDT	\$10,111		\$10,111	\$145	(\$16)	\$10,240	1.117	\$11,440	\$0.45
Prof - Evaluation & Management	\$936,153		\$936,153	\$13,311	\$2,589	\$952,053	1.117	\$1,063,671	\$41.82
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$967,452		\$967,452	\$13,891	(\$1,498)	\$979,845	1.117	\$1,094,722	\$43.04
Prof - Psych	\$158,277		\$158,277	\$890	(\$243)	\$158,924	1.117	\$177,556	\$6.98
Prof - Specialist	\$226,054		\$226,054	\$3,235	(\$350)	\$228,940	1.117	\$255,781	\$10.06
Prof - Vision	\$38,565		\$38,565	\$286	(\$59)	\$38,792	1.117	\$43,339	\$1.70
Radiology	\$126,801		\$126,801	\$1,619		\$128,420	0.985	\$126,472	\$4.97
Transportation/Ambulance	\$402,496		\$402,496	\$4,183		\$406,679	0.985	\$400,511	\$15.75
Provider Incentive Payment Adjustment									\$3.70
Total	\$15,601,486	\$113,465	\$15,714,951	\$155,553	\$87,890	\$15,958,394		\$17,581,790	\$694.97
Admin Cost Adjustment									\$51.91
Medallion 3.0 Capitation Rate									\$746.89

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Rural	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$2,719,646		\$2,719,646	\$34,716	(\$177,542)	\$2,576,820	0.985	\$2,537,738	\$29.06
FQHC / RHC	\$881,320		\$881,320	\$12,614		\$893,933	1.117	\$998,738	\$11.44
Home Health	\$708,088		\$708,088	\$9,998		\$718,086	1.059	\$760,571	\$8.71
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$30,104,714	\$847,398	\$30,952,112	\$503,061	\$643,970	\$32,099,142	1.082	\$34,718,216	\$397.54
IP - Psych	\$2,733,861		\$2,733,861	\$15,157	(\$79,251)	\$2,669,766	1.311	\$3,499,726	\$40.07
Lab	\$672,456		\$672,456	\$8,271		\$680,727	0.985	\$670,403	\$7.68
OP - Emergency Room & Related	\$4,131,490		\$4,131,490	\$58,338		\$4,189,828	1.059	\$4,437,715	\$50.81
OP - Other	\$15,148,866		\$15,148,866	\$213,905		\$15,362,772	1.059	\$16,271,696	\$186.32
Pharmacy	\$31,487,684	\$934,976	\$32,422,660	\$668	\$498,341	\$32,921,669	1.121	\$36,909,911	\$422.64
Prof - Anesthesia	\$346,982		\$346,982	\$4,966		\$351,948	1.117	\$393,211	\$4.50
Prof - Child EPSDT	\$48,953		\$48,953	\$701	(\$76)	\$49,578	1.117	\$55,391	\$0.63
Prof - Evaluation & Management	\$6,213,005		\$6,213,005	\$88,604	\$17,183	\$6,318,792	1.117	\$7,059,606	\$80.84
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$3,911,164		\$3,911,164	\$56,111	(\$6,057)	\$3,961,218	1.117	\$4,425,631	\$50.68
Prof - Psych	\$485,291		\$485,291	\$2,639	(\$745)	\$487,185	1.117	\$544,303	\$6.23
Prof - Specialist	\$2,632,274		\$2,632,274	\$37,673	(\$4,076)	\$2,665,871	1.117	\$2,978,417	\$34.10
Prof - Vision	\$331,427		\$331,427	\$3,806	(\$512)	\$334,721	1.117	\$373,964	\$4.28
Radiology	\$1,181,163		\$1,181,163	\$15,077		\$1,196,241	0.985	\$1,178,098	\$13.49
Transportation/Ambulance	\$2,082,286		\$2,082,286	\$23,360		\$2,105,646	0.985	\$2,073,710	\$23.75
Provider Incentive Payment Adjustment									\$7.35
Total	\$105,820,671	\$1,782,374	\$107,603,045	\$1,089,664	\$891,235	\$109,583,944		\$119,887,044	\$1,380.12
Admin Cost Adjustment									\$103.09
Medallion 3.0 Capitation Rate									\$1,483.22

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$820,424		\$820,424	\$10,473	(\$71,627)	\$759,270	0.985	\$747,754	\$63.28
FQHC / RHC	\$1,160		\$1,160	\$17		\$1,176	1.117	\$1,314	\$0.11
Home Health	\$290,103		\$290,103	\$4,096		\$294,199	1.059	\$311,605	\$26.37
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$2,394,884	(\$548,626)	\$1,846,258	\$40,019	\$38,617	\$1,924,894	1.082	\$2,081,953	\$176.18
IP - Psych	\$230,504		\$230,504	\$163	(\$6,650)	\$224,017	1.311	\$293,658	\$24.85
Lab	\$40,222		\$40,222	\$358		\$40,580	0.985	\$39,965	\$3.38
OP - Emergency Room & Related	\$388,824		\$388,824	\$5,490		\$394,314	1.059	\$417,643	\$35.34
OP - Other	\$2,703,070		\$2,703,070	\$38,168		\$2,741,238	1.059	\$2,903,420	\$245.70
Pharmacy	\$1,398,231	\$41,518	\$1,439,749	\$30	\$22,129	\$1,461,908	1.121	\$1,639,009	\$138.70
Prof - Anesthesia	\$88,660		\$88,660	\$1,269		\$89,929	1.117	\$100,472	\$8.50
Prof - Child EPSDT	\$14,197		\$14,197	\$203	(\$22)	\$14,378	1.117	\$16,064	\$1.36
Prof - Evaluation & Management	\$797,509		\$797,509	\$11,393	\$2,206	\$811,108	1.117	\$906,202	\$76.69
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$2,201,023		\$2,201,023	\$31,541	(\$3,408)	\$2,229,156	1.117	\$2,490,502	\$210.76
Prof - Psych	\$48,548		\$48,548	\$80	(\$74)	\$48,554	1.117	\$54,246	\$4.59
Prof - Specialist	\$227,155		\$227,155	\$3,251	(\$352)	\$230,054	1.117	\$257,025	\$21.75
Prof - Vision	\$37,055		\$37,055	\$320	(\$57)	\$37,318	1.117	\$41,693	\$3.53
Radiology	\$33,917		\$33,917	\$433		\$34,350	0.985	\$33,829	\$2.86
Transportation/Ambulance	\$65,592		\$65,592	\$376		\$65,968	0.985	\$64,968	\$5.50
Provider Incentive Payment Adjustment									\$5.62
Total	\$11,781,079	(\$507,108)	\$11,273,971	\$147,679	(\$19,238)	\$11,402,411		\$12,401,323	\$1,055.07
Admin Cost Adjustment									\$78.81
Medallion 3.0 Capitation Rate									\$1,133.88

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,690,302		\$1,690,302	\$21,576	(\$132,052)	\$1,579,826	0.985	\$1,555,865	\$14.26
FQHC / RHC	\$27,929		\$27,929	\$400		\$28,328	1.117	\$31,650	\$0.29
Home Health	\$338,605		\$338,605	\$4,781		\$343,386	1.059	\$363,703	\$3.33
IP - Maternity	\$318,029	\$6,645	\$324,674	\$5,314	\$6,756	\$336,744	1.082	\$364,220	\$3.34
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$3,847,353	\$124,514	\$3,971,867	\$64,291	\$82,631	\$4,118,788	1.082	\$4,454,854	\$40.84
IP - Psych	\$3,056,742		\$3,056,742	\$10,168	(\$88,416)	\$2,978,494	1.311	\$3,904,430	\$35.80
Lab	\$252,520		\$252,520	\$1,716		\$254,236	0.985	\$250,380	\$2.30
OP - Emergency Room & Related	\$2,607,696		\$2,607,696	\$36,821		\$2,644,517	1.059	\$2,800,977	\$25.68
OP - Other	\$6,899,459		\$6,899,459	\$97,422		\$6,996,881	1.059	\$7,410,845	\$67.95
Pharmacy	\$15,270,281	\$453,427	\$15,723,707	\$324	\$241,675	\$15,965,706	1.121	\$17,899,846	\$164.11
Prof - Anesthesia	\$181,010		\$181,010	\$2,591		\$183,601	1.117	\$205,126	\$1.88
Prof - Child EPSDT	\$39,243		\$39,243	\$562	(\$61)	\$39,744	1.117	\$44,404	\$0.41
Prof - Evaluation & Management	\$3,300,130		\$3,300,130	\$47,059	\$9,127	\$3,356,316	1.117	\$3,749,810	\$34.38
Prof - Maternity	\$118,635		\$118,635	\$1,698	(\$184)	\$120,149	1.117	\$134,236	\$1.23
Prof - Other	\$5,219,449		\$5,219,449	\$75,126	(\$8,083)	\$5,286,492	1.117	\$5,906,280	\$54.15
Prof - Psych	\$834,494		\$834,494	\$5,596	(\$1,282)	\$838,807	1.117	\$937,149	\$8.59
Prof - Specialist	\$548,421		\$548,421	\$7,849	(\$849)	\$555,421	1.117	\$620,538	\$5.69
Prof - Vision	\$197,760		\$197,760	\$883	(\$303)	\$198,339	1.117	\$221,592	\$2.03
Radiology	\$228,000		\$228,000	\$2,910		\$230,911	0.985	\$227,408	\$2.08
Transportation/Ambulance	\$504,833		\$504,833	\$2,062		\$506,895	0.985	\$499,207	\$4.58
Provider Incentive Payment Adjustment									\$2.53
Total	\$45,480,890	\$584,586	\$46,065,476	\$389,150	\$108,959	\$46,563,584		\$51,582,521	\$475.46
Admin Cost Adjustment									\$35.52
Medallion 3.0 Capitation Rate									\$510.97

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,267,812		\$1,267,812	\$16,183	(\$82,764)	\$1,201,231	0.985	\$1,183,012	\$20.34
FQHC / RHC	\$239,919		\$239,919	\$3,434		\$243,353	1.117	\$271,883	\$4.68
Home Health	\$181,604		\$181,604	\$2,564		\$184,168	1.059	\$195,064	\$3.35
IP - Maternity	\$1,169,080	\$23,941	\$1,193,021	\$19,536	\$24,824	\$1,237,381	1.082	\$1,338,343	\$23.02
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$6,943,217	\$221,820	\$7,165,037	\$116,024	\$149,062	\$7,430,123	1.082	\$8,036,371	\$138.21
IP - Psych	\$1,937,321		\$1,937,321	\$9,895	(\$56,136)	\$1,891,080	1.311	\$2,478,967	\$42.63
Lab	\$277,042		\$277,042	\$2,739		\$279,781	0.985	\$275,538	\$4.74
OP - Emergency Room & Related	\$5,961,769		\$5,961,769	\$84,181		\$6,045,950	1.059	\$6,403,653	\$110.13
OP - Other	\$6,524,592		\$6,524,592	\$92,129		\$6,616,720	1.059	\$7,008,193	\$120.52
Pharmacy	\$14,699,740	\$436,485	\$15,136,225	\$312	\$232,646	\$15,369,183	1.121	\$17,231,058	\$296.33
Prof - Anesthesia	\$216,357		\$216,357	\$3,097		\$219,454	1.117	\$245,182	\$4.22
Prof - Child EPSDT	\$56,498		\$56,498	\$809	(\$87)	\$57,219	1.117	\$63,927	\$1.10
Prof - Evaluation & Management	\$3,659,658		\$3,659,658	\$52,284	\$10,121	\$3,722,063	1.117	\$4,158,437	\$71.51
Prof - Maternity	\$468,849		\$468,849	\$6,710	(\$726)	\$474,833	1.117	\$530,502	\$9.12
Prof - Other	\$2,680,910		\$2,680,910	\$38,588	(\$4,152)	\$2,715,346	1.117	\$3,033,692	\$52.17
Prof - Psych	\$475,346		\$475,346	\$3,560	(\$731)	\$478,175	1.117	\$534,237	\$9.19
Prof - Specialist	\$1,091,280		\$1,091,280	\$15,619	(\$1,690)	\$1,105,209	1.117	\$1,234,783	\$21.24
Prof - Vision	\$106,360		\$106,360	\$992	(\$164)	\$107,188	1.117	\$119,754	\$2.06
Radiology	\$674,951		\$674,951	\$8,616		\$683,567	0.985	\$673,199	\$11.58
Transportation/Ambulance	\$625,296		\$625,296	\$5,651		\$630,947	0.985	\$621,378	\$10.69
Provider Incentive Payment Adjustment									\$5.12
Total	\$49,257,598	\$682,246	\$49,939,844	\$482,922	\$270,203	\$50,692,970		\$55,637,174	\$961.94
Admin Cost Adjustment									\$71.86
Medallion 3.0 Capitation Rate									\$1,033.80

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$1,147,411		\$1,147,411	\$14,646	(\$74,904)	\$1,087,153	0.985	\$1,070,664	\$20.98
FQHC / RHC	\$147,276		\$147,276	\$2,108		\$149,384	1.117	\$166,898	\$3.27
Home Health	\$190,996		\$190,996	\$2,697		\$193,693	1.059	\$205,153	\$4.02
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$7,477,346	\$19,552	\$7,496,898	\$124,949	\$156,039	\$7,777,886	1.082	\$8,412,509	\$164.87
IP - Psych	\$2,477,414		\$2,477,414	\$19,341	(\$71,979)	\$2,424,776	1.311	\$3,178,575	\$62.30
Lab	\$124,920		\$124,920	\$916		\$125,837	0.985	\$123,928	\$2.43
OP - Emergency Room & Related	\$3,071,655		\$3,071,655	\$43,372		\$3,115,028	1.059	\$3,299,325	\$64.66
OP - Other	\$3,750,863		\$3,750,863	\$52,963		\$3,803,826	1.059	\$4,028,876	\$78.96
Pharmacy	\$11,920,465	\$353,959	\$12,274,424	\$253	\$188,660	\$12,463,337	1.121	\$13,973,188	\$273.86
Prof - Anesthesia	\$95,239		\$95,239	\$1,363		\$96,602	1.117	\$107,928	\$2.12
Prof - Child EPSDT	\$11,168		\$11,168	\$160	(\$17)	\$11,311	1.117	\$12,637	\$0.25
Prof - Evaluation & Management	\$2,189,618		\$2,189,618	\$31,250	\$6,056	\$2,226,924	1.117	\$2,488,008	\$48.76
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$4,046,091		\$4,046,091	\$58,080	(\$6,266)	\$4,097,905	1.117	\$4,578,343	\$89.73
Prof - Psych	\$334,358		\$334,358	\$2,150	(\$514)	\$335,994	1.117	\$375,386	\$7.36
Prof - Specialist	\$603,942		\$603,942	\$8,644	(\$935)	\$611,650	1.117	\$683,360	\$13.39
Prof - Vision	\$75,096		\$75,096	\$593	(\$116)	\$75,574	1.117	\$84,434	\$1.65
Radiology	\$239,556		\$239,556	\$3,058		\$242,614	0.985	\$238,934	\$4.68
Transportation/Ambulance	\$479,032		\$479,032	\$4,106		\$483,138	0.985	\$475,810	\$9.33
Provider Incentive Payment Adjustment									\$4.56
Total	\$38,382,447	\$373,511	\$38,755,958	\$370,650	\$196,024	\$39,322,632		\$43,503,958	\$857.18
Admin Cost Adjustment									\$64.03
Medallion 3.0 Capitation Rate									\$921.21

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Tidewater	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$6,015,121		\$6,015,121	\$76,782	(\$392,674)	\$5,699,229	0.985	\$5,612,790	\$33.48
FQHC / RHC	\$1,517,230		\$1,517,230	\$21,715		\$1,538,945	1.117	\$1,719,371	\$10.26
Home Health	\$1,346,708		\$1,346,708	\$19,016		\$1,365,724	1.059	\$1,446,526	\$8.63
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$49,167,274	\$1,178,905	\$50,346,179	\$821,604	\$1,047,538	\$52,215,321	1.082	\$56,475,739	\$336.86
IP - Psych	\$5,172,485		\$5,172,485	\$26,862	(\$149,892)	\$5,049,454	1.311	\$6,619,197	\$39.48
Lab	\$838,742		\$838,742	\$8,487		\$847,229	0.985	\$834,380	\$4.98
OP - Emergency Room & Related	\$13,933,740		\$13,933,740	\$196,747		\$14,130,487	1.059	\$14,966,504	\$89.27
OP - Other	\$29,030,246		\$29,030,246	\$409,913		\$29,440,159	1.059	\$31,181,959	\$185.99
Pharmacy	\$69,392,908	\$2,060,511	\$71,453,419	\$1,471	\$1,098,248	\$72,553,139	1.121	\$81,342,473	\$485.19
Prof - Anesthesia	\$879,827		\$879,827	\$12,592		\$892,420	1.117	\$997,047	\$5.95
Prof - Child EPSDT	\$121,313		\$121,313	\$1,736	(\$188)	\$122,862	1.117	\$137,266	\$0.82
Prof - Evaluation & Management	\$14,590,626		\$14,590,626	\$208,530	\$40,353	\$14,839,510	1.117	\$16,579,292	\$98.89
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$12,474,710		\$12,474,710	\$179,098	(\$19,318)	\$12,634,490	1.117	\$14,115,756	\$84.20
Prof - Psych	\$1,045,284		\$1,045,284	\$6,402	(\$1,606)	\$1,050,081	1.117	\$1,173,192	\$7.00
Prof - Specialist	\$5,899,914		\$5,899,914	\$84,440	(\$9,136)	\$5,975,218	1.117	\$6,675,752	\$39.82
Prof - Vision	\$654,914		\$654,914	\$7,787	(\$1,012)	\$661,689	1.117	\$739,266	\$4.41
Radiology	\$2,945,978		\$2,945,978	\$37,605		\$2,983,582	0.985	\$2,938,331	\$17.53
Transportation/Ambulance	\$2,186,770		\$2,186,770	\$21,327		\$2,208,097	0.985	\$2,174,607	\$12.97
Provider Incentive Payment Adjustment									\$7.85
Total	\$217,213,790	\$3,239,416	\$220,453,206	\$2,142,114	\$1,612,315	\$224,207,635		\$245,729,446	\$1,473.57
Admin Cost Adjustment									\$110.07
Medallion 3.0 Capitation Rate									\$1,583.64

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$483,248		\$483,248	\$6,169	(\$42,190)	\$447,227	0.985	\$440,444	\$45.61
FQHC / RHC	\$15,098		\$15,098	\$216		\$15,314	1.117	\$17,109	\$1.77
Home Health	\$25,979		\$25,979	\$367		\$26,346	1.059	\$27,905	\$2.89
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,558,389	\$8,748	\$1,567,137	\$26,041	\$32,617	\$1,625,795	1.082	\$1,758,449	\$182.11
IP - Psych	\$67,869		\$67,869	\$376	(\$1,967)	\$66,278	1.311	\$86,882	\$9.00
Lab	\$44,701		\$44,701	\$538		\$45,239	0.985	\$44,553	\$4.61
OP - Emergency Room & Related	\$129,597		\$129,597	\$1,830		\$131,427	1.059	\$139,202	\$14.42
OP - Other	\$892,733		\$892,733	\$12,606		\$905,339	1.059	\$958,902	\$99.31
Pharmacy	\$1,073,454	\$31,874	\$1,105,328	\$23	\$16,989	\$1,122,340	1.121	\$1,258,304	\$130.31
Prof - Anesthesia	\$42,308		\$42,308	\$606		\$42,913	1.117	\$47,945	\$4.97
Prof - Child EPSDT	\$12,483		\$12,483	\$179	(\$19)	\$12,642	1.117	\$14,125	\$1.46
Prof - Evaluation & Management	\$560,579		\$560,579	\$7,972	\$1,550	\$570,101	1.117	\$636,939	\$65.96
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$1,009,762		\$1,009,762	\$14,429	(\$1,564)	\$1,022,627	1.117	\$1,142,520	\$118.32
Prof - Psych	\$32,741		\$32,741	\$362	(\$51)	\$33,053	1.117	\$36,928	\$3.82
Prof - Specialist	\$101,133		\$101,133	\$1,447	(\$157)	\$102,424	1.117	\$114,432	\$11.85
Prof - Vision	\$44,161		\$44,161	\$440	(\$68)	\$44,534	1.117	\$49,755	\$5.15
Radiology	\$24,230		\$24,230	\$309		\$24,539	0.985	\$24,167	\$2.50
Transportation/Ambulance	\$90,188		\$90,188	\$910		\$91,098	0.985	\$89,716	\$9.29
Provider Incentive Payment Adjustment									\$3.82
Total	\$6,208,654	\$40,622	\$6,249,276	\$74,818	\$5,141	\$6,329,235		\$6,888,276	\$717.19
Admin Cost Adjustment									\$53.57
Medallion 3.0 Capitation Rate									\$770.76

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$840,904		\$840,904	\$10,734	(\$65,694)	\$785,944	0.985	\$774,023	\$16.27
FQHC / RHC	\$37,818		\$37,818	\$541		\$38,360	1.117	\$42,857	\$0.90
Home Health	\$34,758		\$34,758	\$491		\$35,248	1.059	\$37,334	\$0.78
IP - Maternity	\$167,892	(\$23,230)	\$144,662	\$2,806	\$3,019	\$150,486	1.082	\$162,765	\$3.42
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$3,397,924	(\$431,184)	\$2,966,740	\$56,781	\$61,899	\$3,085,420	1.082	\$3,337,169	\$70.14
IP - Psych	\$1,114,664		\$1,114,664	\$10,710	(\$32,443)	\$1,092,931	1.311	\$1,432,694	\$30.11
Lab	\$235,327		\$235,327	\$2,848		\$238,176	0.985	\$234,563	\$4.93
OP - Emergency Room & Related	\$538,230		\$538,230	\$7,600		\$545,829	1.059	\$578,123	\$12.15
OP - Other	\$1,701,935		\$1,701,935	\$24,032		\$1,725,967	1.059	\$1,828,082	\$38.42
Pharmacy	\$11,562,827	\$343,340	\$11,906,167	\$245	\$182,999	\$12,089,411	1.121	\$13,553,964	\$284.88
Prof - Anesthesia	\$59,928		\$59,928	\$858		\$60,785	1.117	\$67,912	\$1.43
Prof - Child EPSDT	\$17,364		\$17,364	\$249	(\$27)	\$17,586	1.117	\$19,648	\$0.41
Prof - Evaluation & Management	\$1,722,696		\$1,722,696	\$24,394	\$4,764	\$1,751,854	1.117	\$1,957,241	\$41.14
Prof - Maternity	\$47,907		\$47,907	\$686	(\$74)	\$48,518	1.117	\$54,206	\$1.14
Prof - Other	\$8,722,368		\$8,722,368	\$124,735	(\$13,506)	\$8,833,597	1.117	\$9,869,247	\$207.43
Prof - Psych	\$399,521		\$399,521	\$4,986	(\$618)	\$403,889	1.117	\$451,241	\$9.48
Prof - Specialist	\$269,218		\$269,218	\$3,853	(\$417)	\$272,654	1.117	\$304,620	\$6.40
Prof - Vision	\$111,019		\$111,019	\$671	(\$171)	\$111,520	1.117	\$124,595	\$2.62
Radiology	\$100,065		\$100,065	\$1,277		\$101,342	0.985	\$99,805	\$2.10
Transportation/Ambulance	\$321,515		\$321,515	\$2,863		\$324,378	0.985	\$319,458	\$6.71
Provider Incentive Payment Adjustment									\$3.97
Total	\$31,403,879	(\$111,074)	\$31,292,804	\$281,358	\$139,732	\$31,713,895		\$35,249,546	\$744.84
Admin Cost Adjustment									\$55.64
Medallion 3.0 Capitation Rate									\$800.48

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$683,554		\$683,554	\$8,725	(\$44,623)	\$647,656	0.985	\$637,833	\$18.01
FQHC / RHC	\$88,586		\$88,586	\$1,268		\$89,854	1.117	\$100,388	\$2.83
Home Health	\$177,059		\$177,059	\$2,500		\$179,559	1.059	\$190,183	\$5.37
IP - Maternity	\$536,295	\$7,643	\$543,939	\$8,962	\$11,319	\$564,220	1.082	\$610,256	\$17.23
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$6,595,937	\$169,653	\$6,765,590	\$110,221	\$140,766	\$7,016,576	1.082	\$7,589,082	\$214.31
IP - Psych	\$1,535,170		\$1,535,170	\$16,607	(\$44,736)	\$1,507,041	1.311	\$1,975,541	\$55.79
Lab	\$682,876		\$682,876	\$8,596		\$691,472	0.985	\$680,985	\$19.23
OP - Emergency Room & Related	\$1,729,549		\$1,729,549	\$24,422		\$1,753,971	1.059	\$1,857,743	\$52.46
OP - Other	\$2,952,374		\$2,952,374	\$41,688		\$2,994,062	1.059	\$3,171,203	\$89.55
Pharmacy	\$10,585,064	\$314,307	\$10,899,370	\$224	\$167,525	\$11,067,119	1.121	\$12,407,828	\$350.39
Prof - Anesthesia	\$95,869		\$95,869	\$1,372		\$97,241	1.117	\$108,641	\$3.07
Prof - Child EPSDT	\$48,411		\$48,411	\$693	(\$75)	\$49,029	1.117	\$54,777	\$1.55
Prof - Evaluation & Management	\$2,583,187		\$2,583,187	\$36,796	\$7,144	\$2,627,127	1.117	\$2,935,131	\$82.89
Prof - Maternity	\$257,875		\$257,875	\$3,691	(\$399)	\$261,166	1.117	\$291,785	\$8.24
Prof - Other	\$867,289		\$867,289	\$12,342	(\$1,343)	\$878,288	1.117	\$981,259	\$27.71
Prof - Psych	\$378,412		\$378,412	\$4,828	(\$585)	\$382,655	1.117	\$427,517	\$12.07
Prof - Specialist	\$721,514		\$721,514	\$10,326	(\$1,117)	\$730,723	1.117	\$816,393	\$23.05
Prof - Vision	\$83,544		\$83,544	\$560	(\$128)	\$83,976	1.117	\$93,822	\$2.65
Radiology	\$415,411		\$415,411	\$5,303		\$420,714	0.985	\$414,333	\$11.70
Transportation/Ambulance	\$804,656		\$804,656	\$9,321		\$813,977	0.985	\$801,632	\$22.64
Provider Incentive Payment Adjustment									\$5.46
Total	\$31,822,632	\$491,603	\$32,314,236	\$308,446	\$233,747	\$32,856,428		\$36,146,332	\$1,026.23
Admin Cost Adjustment									\$76.66
Medallion 3.0 Capitation Rate									\$1,102.89

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$497,331		\$497,331	\$6,348	(\$32,466)	\$471,213	0.985	\$464,066	\$17.36
FQHC / RHC	\$35,323		\$35,323	\$506		\$35,829	1.117	\$40,030	\$1.50
Home Health	\$52,427		\$52,427	\$740		\$53,167	1.059	\$56,312	\$2.11
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$4,163,052	\$93,336	\$4,256,388	\$69,566	\$88,564	\$4,414,517	1.082	\$4,774,712	\$178.61
IP - Psych	\$988,548		\$988,548	\$10,013	(\$28,788)	\$969,774	1.311	\$1,271,251	\$47.55
Lab	\$215,197		\$215,197	\$2,660		\$217,857	0.985	\$214,552	\$8.03
OP - Emergency Room & Related	\$853,359		\$853,359	\$12,050		\$865,409	1.059	\$916,610	\$34.29
OP - Other	\$1,179,864		\$1,179,864	\$16,660		\$1,196,524	1.059	\$1,267,315	\$47.41
Pharmacy	\$8,001,068	\$237,579	\$8,238,647	\$170	\$126,629	\$8,365,446	1.121	\$9,378,865	\$350.83
Prof - Anesthesia	\$33,686		\$33,686	\$482		\$34,168	1.117	\$38,174	\$1.43
Prof - Child EPSDT	\$7,638		\$7,638	\$109	(\$12)	\$7,736	1.117	\$8,643	\$0.32
Prof - Evaluation & Management	\$1,186,244		\$1,186,244	\$16,838	\$3,280	\$1,206,363	1.117	\$1,347,797	\$50.42
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$799,851		\$799,851	\$11,403	(\$1,238)	\$810,015	1.117	\$904,981	\$33.85
Prof - Psych	\$172,497		\$172,497	\$1,936	(\$266)	\$174,167	1.117	\$194,586	\$7.28
Prof - Specialist	\$335,485		\$335,485	\$4,801	(\$519)	\$339,767	1.117	\$379,601	\$14.20
Prof - Vision	\$55,636		\$55,636	\$337	(\$85)	\$55,887	1.117	\$62,439	\$2.34
Radiology	\$137,841		\$137,841	\$1,760		\$139,601	0.985	\$137,483	\$5.14
Transportation/Ambulance	\$384,310		\$384,310	\$4,160		\$388,470	0.985	\$382,578	\$14.31
Provider Incentive Payment Adjustment									\$4.37
Total	\$19,099,357	\$330,915	\$19,430,272	\$160,538	\$155,098	\$19,745,908		\$21,839,995	\$821.34
Admin Cost Adjustment									\$61.35
Medallion 3.0 Capitation Rate									\$882.69

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Roanoke/Alleghany	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$3,303,530		\$3,303,530	\$42,169	(\$215,658)	\$3,130,040	0.985	\$3,082,568	\$31.90
FQHC / RHC	\$230,061		\$230,061	\$3,293		\$233,354	1.117	\$260,712	\$2.70
Home Health	\$1,118,529		\$1,118,529	\$15,794		\$1,134,323	1.059	\$1,201,434	\$12.43
IP - Maternity	\$6,172	\$96	\$6,268	\$103	\$130	\$6,501	1.082	\$7,032	\$0.07
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$36,924,257	\$996,639	\$37,920,896	\$617,018	\$788,972	\$39,326,886	1.082	\$42,535,695	\$440.21
IP - Psych	\$3,071,612		\$3,071,612	\$30,084	(\$89,419)	\$3,012,278	1.311	\$3,948,716	\$40.87
Lab	\$1,648,225		\$1,648,225	\$20,725		\$1,668,950	0.985	\$1,643,637	\$17.01
OP - Emergency Room & Related	\$3,487,186		\$3,487,186	\$49,240		\$3,536,426	1.059	\$3,745,656	\$38.76
OP - Other	\$10,234,850		\$10,234,850	\$144,518		\$10,379,368	1.059	\$10,993,454	\$113.77
Pharmacy	\$39,837,369	\$1,182,907	\$41,020,276	\$845	\$630,487	\$41,651,608	1.121	\$46,697,425	\$483.29
Prof - Anesthesia	\$316,099		\$316,099	\$4,524		\$320,623	1.117	\$358,213	\$3.71
Prof - Child EPSDT	\$68,860		\$68,860	\$986	(\$107)	\$69,739	1.117	\$77,916	\$0.81
Prof - Evaluation & Management	\$7,577,283		\$7,577,283	\$107,952	\$20,955	\$7,706,191	1.117	\$8,609,664	\$89.10
Prof - Maternity	\$2,643		\$2,643	\$38	(\$4)	\$2,677	1.117	\$2,991	\$0.03
Prof - Other	\$4,902,897		\$4,902,897	\$69,999	(\$7,592)	\$4,965,304	1.117	\$5,547,436	\$57.41
Prof - Psych	\$552,437		\$552,437	\$6,019	(\$853)	\$557,603	1.117	\$622,977	\$6.45
Prof - Specialist	\$3,083,168		\$3,083,168	\$44,127	(\$4,774)	\$3,122,521	1.117	\$3,488,605	\$36.10
Prof - Vision	\$325,170		\$325,170	\$2,974	(\$501)	\$327,642	1.117	\$366,055	\$3.79
Radiology	\$1,253,359		\$1,253,359	\$15,999		\$1,269,358	0.985	\$1,250,106	\$12.94
Transportation/Ambulance	\$2,135,666		\$2,135,666	\$24,575		\$2,160,241	0.985	\$2,127,477	\$22.02
Provider Incentive Payment Adjustment									\$7.57
Total	\$120,079,375	\$2,179,642	\$122,259,017	\$1,200,980	\$1,121,638	\$124,581,634		\$136,567,767	\$1,420.94
Admin Cost Adjustment									\$106.14
Medallion 3.0 Capitation Rate									\$1,527.09

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age Under 1									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$97,621		\$97,621	\$1,246	(\$8,523)	\$90,344	0.985	\$88,974	\$53.25
FQHC / RHC	\$1,019		\$1,019	\$15		\$1,033	1.117	\$1,154	\$0.69
Home Health	\$153,474		\$153,474	\$2,167		\$155,642	1.059	\$164,850	\$98.65
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$296,832	(\$4,319)	\$292,513	\$4,960	\$6,090	\$303,563	1.082	\$328,332	\$196.49
IP - Other	\$946,670	(\$211)	\$946,459	\$15,819	\$19,700	\$981,979	1.082	\$1,062,101	\$635.61
IP - Psych	\$20,467		\$20,467		(\$590)	\$19,877	1.311	\$26,056	\$15.59
Lab	\$5,547		\$5,547	\$59		\$5,607	0.985	\$5,522	\$3.30
OP - Emergency Room & Related	\$67,745		\$67,745	\$957		\$68,701	1.059	\$72,766	\$43.55
OP - Other	\$242,066		\$242,066	\$3,418		\$245,484	1.059	\$260,007	\$155.60
Pharmacy	\$883,091	\$26,222	\$909,313	\$19	\$13,976	\$923,308	1.121	\$1,035,160	\$619.49
Prof - Anesthesia	\$19,023		\$19,023	\$272		\$19,295	1.117	\$21,557	\$12.90
Prof - Child EPSDT	\$8,566		\$8,566	\$123	(\$13)	\$8,675	1.117	\$9,693	\$5.80
Prof - Evaluation & Management	\$353,386		\$353,386	\$5,051	\$977	\$359,414	1.117	\$401,552	\$240.31
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$599,581		\$599,581	\$8,583	(\$928)	\$607,235	1.117	\$678,427	\$406.00
Prof - Psych	\$4,474		\$4,474	\$6	(\$7)	\$4,474	1.117	\$4,998	\$2.99
Prof - Specialist	\$47,732		\$47,732	\$683	(\$74)	\$48,341	1.117	\$54,009	\$32.32
Prof - Vision	\$13,554		\$13,554	\$165	(\$21)	\$13,699	1.117	\$15,305	\$9.16
Radiology	\$11,897		\$11,897	\$152		\$12,049	0.985	\$11,866	\$7.10
Transportation/Ambulance	\$22,294		\$22,294	\$227		\$22,521	0.985	\$22,179	\$13.27
Provider Incentive Payment Adjustment									\$13.66
Total	\$3,795,038	\$21,693	\$3,816,730	\$43,921	\$30,588	\$3,891,239		\$4,264,508	\$2,565.73
Admin Cost Adjustment									\$191.66
Medallion 3.0 Capitation Rate									\$2,757.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 1-5									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$200,143		\$200,143	\$2,555	(\$17,473)	\$185,225	0.985	\$182,415	\$51.37
FQHC / RHC	\$927		\$927	\$13		\$940	1.117	\$1,050	\$0.30
Home Health	\$1,979		\$1,979	\$28		\$2,007	1.059	\$2,126	\$0.60
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$651,551	\$13,909	\$665,460	\$10,888	\$13,847	\$690,194	1.082	\$746,509	\$210.23
IP - Psych	\$31,199		\$31,199	\$10	(\$900)	\$30,309	1.311	\$39,732	\$11.19
Lab	\$16,443		\$16,443	\$199		\$16,642	0.985	\$16,389	\$4.62
OP - Emergency Room & Related	\$60,395		\$60,395	\$853		\$61,248	1.059	\$64,871	\$18.27
OP - Other	\$414,853		\$414,853	\$5,858		\$420,711	1.059	\$445,602	\$125.49
Pharmacy	\$444,996	\$13,213	\$458,209	\$9	\$7,043	\$465,262	1.121	\$521,625	\$146.90
Prof - Anesthesia	\$16,625		\$16,625	\$238		\$16,863	1.117	\$18,840	\$5.31
Prof - Child EPSDT	\$4,376		\$4,376	\$63	(\$7)	\$4,432	1.117	\$4,952	\$1.39
Prof - Evaluation & Management	\$251,111		\$251,111	\$3,571	\$694	\$255,377	1.117	\$285,318	\$80.35
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$320,496		\$320,496	\$4,583	(\$496)	\$324,584	1.117	\$362,638	\$102.12
Prof - Psych	\$11,325		\$11,325	\$76	(\$17)	\$11,383	1.117	\$12,718	\$3.58
Prof - Specialist	\$45,902		\$45,902	\$657	(\$71)	\$46,488	1.117	\$51,938	\$14.63
Prof - Vision	\$12,195		\$12,195	\$113	(\$19)	\$12,290	1.117	\$13,731	\$3.87
Radiology	\$14,219		\$14,219	\$181		\$14,400	0.985	\$14,182	\$3.99
Transportation/Ambulance	\$31,180		\$31,180	\$286		\$31,466	0.985	\$30,988	\$8.73
Provider Incentive Payment Adjustment									\$4.24
Total	\$2,529,914	\$27,122	\$2,557,037	\$30,182	\$2,600	\$2,589,819		\$2,815,623	\$797.15
Admin Cost Adjustment									\$59.55
Medallion 3.0 Capitation Rate									\$856.70

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 6-20									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$552,258		\$552,258	\$7,049	(\$43,144)	\$516,163	0.985	\$508,334	\$19.08
FQHC / RHC	\$22,484		\$22,484	\$322		\$22,805	1.117	\$25,479	\$0.96
Home Health	\$45,330		\$45,330	\$640		\$45,970	1.059	\$48,690	\$1.83
IP - Maternity	\$24,394	\$510	\$24,904	\$408	\$518	\$25,829	1.082	\$27,937	\$1.05
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$1,039,859	\$33,654	\$1,073,512	\$17,376	\$22,333	\$1,113,222	1.082	\$1,204,054	\$45.19
IP - Psych	\$411,234		\$411,234	\$1,846	(\$11,909)	\$401,172	1.311	\$525,886	\$19.74
Lab	\$122,257		\$122,257	\$1,481		\$123,738	0.985	\$121,861	\$4.57
OP - Emergency Room & Related	\$428,217		\$428,217	\$6,047		\$434,264	1.059	\$459,957	\$17.26
OP - Other	\$979,278		\$979,278	\$13,828		\$993,106	1.059	\$1,051,862	\$39.48
Pharmacy	\$8,041,376	\$238,776	\$8,280,152	\$171	\$127,267	\$8,407,589	1.121	\$9,426,113	\$353.77
Prof - Anesthesia	\$36,525		\$36,525	\$523		\$37,047	1.117	\$41,391	\$1.55
Prof - Child EPSDT	\$8,151		\$8,151	\$117	(\$13)	\$8,255	1.117	\$9,223	\$0.35
Prof - Evaluation & Management	\$1,111,628		\$1,111,628	\$15,747	\$3,074	\$1,130,449	1.117	\$1,262,983	\$47.40
Prof - Maternity	\$14,779		\$14,779	\$212	(\$23)	\$14,968	1.117	\$16,723	\$0.63
Prof - Other	\$1,010,620		\$1,010,620	\$14,443	(\$1,565)	\$1,023,498	1.117	\$1,143,493	\$42.92
Prof - Psych	\$250,719		\$250,719	\$2,842	(\$387)	\$253,174	1.117	\$282,856	\$10.62
Prof - Specialist	\$165,668		\$165,668	\$2,371	(\$257)	\$167,783	1.117	\$187,453	\$7.04
Prof - Vision	\$62,075		\$62,075	\$436	(\$95)	\$62,415	1.117	\$69,732	\$2.62
Radiology	\$79,025		\$79,025	\$1,009		\$80,033	0.985	\$78,820	\$2.96
Transportation/Ambulance	\$203,526		\$203,526	\$1,737		\$205,263	0.985	\$202,150	\$7.59
Provider Incentive Payment Adjustment									\$3.35
Total	\$14,609,402	\$272,939	\$14,882,341	\$88,603	\$95,800	\$15,066,744		\$16,694,996	\$629.93
Admin Cost Adjustment									\$47.06
Medallion 3.0 Capitation Rate									\$676.98

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Female									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$765,954		\$765,954	\$9,777	(\$50,002)	\$725,729	0.985	\$714,722	\$18.24
FQHC / RHC	\$87,052		\$87,052	\$1,246		\$88,298	1.117	\$98,650	\$2.52
Home Health	\$174,399		\$174,399	\$2,463		\$176,861	1.059	\$187,325	\$4.78
IP - Maternity	\$293,050	\$5,470	\$298,520	\$4,897	\$6,212	\$309,629	1.082	\$334,892	\$8.54
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$6,879,172	\$207,305	\$7,086,477	\$114,954	\$147,432	\$7,348,863	1.082	\$7,948,480	\$202.81
IP - Psych	\$1,018,664		\$1,018,664	\$7,994	(\$29,597)	\$997,060	1.311	\$1,307,020	\$33.35
Lab	\$589,717		\$589,717	\$7,411		\$597,128	0.985	\$588,072	\$15.00
OP - Emergency Room & Related	\$2,422,414		\$2,422,414	\$34,205		\$2,456,619	1.059	\$2,601,962	\$66.39
OP - Other	\$3,353,195		\$3,353,195	\$47,348		\$3,400,543	1.059	\$3,601,733	\$91.90
Pharmacy	\$11,629,959	\$345,333	\$11,975,292	\$247	\$184,062	\$12,159,601	1.121	\$13,632,656	\$347.84
Prof - Anesthesia	\$102,776		\$102,776	\$1,471		\$104,247	1.117	\$116,469	\$2.97
Prof - Child EPSDT	\$22,608		\$22,608	\$324	(\$35)	\$22,896	1.117	\$25,580	\$0.65
Prof - Evaluation & Management	\$2,904,544		\$2,904,544	\$41,320	\$8,033	\$2,953,897	1.117	\$3,300,211	\$84.21
Prof - Maternity	\$136,309		\$136,309	\$1,951	(\$211)	\$138,049	1.117	\$154,234	\$3.94
Prof - Other	\$573,014		\$573,014	\$8,173	(\$887)	\$580,300	1.117	\$648,334	\$16.54
Prof - Psych	\$239,585		\$239,585	\$2,355	(\$369)	\$241,571	1.117	\$269,892	\$6.89
Prof - Specialist	\$709,001		\$709,001	\$10,147	(\$1,098)	\$718,050	1.117	\$802,234	\$20.47
Prof - Vision	\$92,177		\$92,177	\$740	(\$142)	\$92,776	1.117	\$103,653	\$2.64
Radiology	\$496,500		\$496,500	\$6,338		\$502,838	0.985	\$495,211	\$12.64
Transportation/Ambulance	\$655,561		\$655,561	\$7,088		\$662,649	0.985	\$652,599	\$16.65
Provider Incentive Payment Adjustment									\$5.13
Total	\$33,145,651	\$558,108	\$33,703,759	\$310,447	\$263,396	\$34,277,602		\$37,583,930	\$964.10
Admin Cost Adjustment									\$72.02
Medallion 3.0 Capitation Rate									\$1,036.12

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 21-44 Male									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$483,068		\$483,068	\$6,166	(\$31,535)	\$457,699	0.985	\$450,757	\$17.17
FQHC / RHC	\$25,549		\$25,549	\$366		\$25,914	1.117	\$28,953	\$1.10
Home Health	\$99,272		\$99,272	\$1,402		\$100,674	1.059	\$106,630	\$4.06
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$3,426,407	\$110,891	\$3,537,298	\$57,257	\$73,590	\$3,668,144	1.082	\$3,967,440	\$151.16
IP - Psych	\$669,421		\$669,421	\$4,852	(\$19,439)	\$654,834	1.311	\$858,404	\$32.71
Lab	\$228,226		\$228,226	\$2,837		\$231,064	0.985	\$227,559	\$8.67
OP - Emergency Room & Related	\$988,634		\$988,634	\$13,960		\$1,002,594	1.059	\$1,061,911	\$40.46
OP - Other	\$1,365,339		\$1,365,339	\$19,279		\$1,384,617	1.059	\$1,466,537	\$55.88
Pharmacy	\$5,517,464	\$163,832	\$5,681,296	\$117	\$87,322	\$5,768,735	1.121	\$6,467,579	\$246.42
Prof - Anesthesia	\$36,733		\$36,733	\$526		\$37,259	1.117	\$41,627	\$1.59
Prof - Child EPSDT	\$7,306		\$7,306	\$105	(\$11)	\$7,399	1.117	\$8,266	\$0.31
Prof - Evaluation & Management	\$1,307,264		\$1,307,264	\$18,545	\$3,615	\$1,329,424	1.117	\$1,485,286	\$56.59
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$409,070		\$409,070	\$5,843	(\$633)	\$414,279	1.117	\$462,849	\$17.64
Prof - Psych	\$116,294		\$116,294	\$868	(\$179)	\$116,983	1.117	\$130,698	\$4.98
Prof - Specialist	\$275,429		\$275,429	\$3,942	(\$426)	\$278,945	1.117	\$311,648	\$11.87
Prof - Vision	\$45,046		\$45,046	\$269	(\$69)	\$45,246	1.117	\$50,550	\$1.93
Radiology	\$170,325		\$170,325	\$2,174		\$172,499	0.985	\$169,883	\$6.47
Transportation/Ambulance	\$348,368		\$348,368	\$3,563		\$351,930	0.985	\$346,593	\$13.21
Provider Incentive Payment Adjustment									\$3.60
Total	\$15,519,213	\$274,723	\$15,793,936	\$142,068	\$112,234	\$16,048,238		\$17,643,171	\$675.82
Admin Cost Adjustment									\$50.48
Medallion 3.0 Capitation Rate									\$726.31

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Capitation Rate Calculations - Health Plan Encounter Data
Aged, Blind, and Disabled (ABAD)

Exhibit 4b

Age 45 and Over									
Far Southwest	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments¹	Policy and Program Adjustments²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$4,333,289		\$4,333,289	\$55,314	(\$282,882)	\$4,105,720	0.985	\$4,043,450	\$31.14
FQHC / RHC	\$245,508		\$245,508	\$3,514		\$249,021	1.117	\$278,217	\$2.14
Home Health	\$1,601,725		\$1,601,725	\$22,617		\$1,624,342	1.059	\$1,720,445	\$13.25
IP - Maternity	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Newborn	\$0	\$0	\$0			\$0	1.082	\$0	\$0.00
IP - Other	\$33,704,571	\$1,090,801	\$34,795,372	\$563,216	\$723,883	\$36,082,471	1.082	\$39,026,557	\$300.57
IP - Psych	\$2,501,962		\$2,501,962	\$16,338	(\$72,600)	\$2,445,700	1.311	\$3,206,004	\$24.69
Lab	\$1,850,390		\$1,850,390	\$23,227		\$1,873,617	0.985	\$1,845,200	\$14.21
OP - Emergency Room & Related	\$5,039,176		\$5,039,176	\$71,154		\$5,110,330	1.059	\$5,412,678	\$41.69
OP - Other	\$13,841,351		\$13,841,351	\$195,443		\$14,036,793	1.059	\$14,867,268	\$114.50
Pharmacy	\$48,922,168	\$1,452,666	\$50,374,834	\$1,037	\$774,268	\$51,150,139	1.121	\$57,346,640	\$441.66
Prof - Anesthesia	\$309,495		\$309,495	\$4,430		\$313,925	1.117	\$350,729	\$2.70
Prof - Child EPSDT	\$72,401		\$72,401	\$1,036	(\$112)	\$73,325	1.117	\$81,921	\$0.63
Prof - Evaluation & Management	\$9,866,776		\$9,866,776	\$140,379	\$27,287	\$10,034,442	1.117	\$11,210,878	\$86.34
Prof - Maternity	\$0		\$0			\$0	1.117	\$0	\$0.00
Prof - Other	\$2,687,668		\$2,687,668	\$38,374	(\$4,162)	\$2,721,881	1.117	\$3,040,994	\$23.42
Prof - Psych	\$499,579		\$499,579	\$3,766	(\$768)	\$502,577	1.117	\$561,499	\$4.32
Prof - Specialist	\$2,994,533		\$2,994,533	\$42,858	(\$4,637)	\$3,032,754	1.117	\$3,388,314	\$26.10
Prof - Vision	\$442,929		\$442,929	\$4,407	(\$683)	\$446,654	1.117	\$499,019	\$3.84
Radiology	\$1,682,146		\$1,682,146	\$21,472		\$1,703,619	0.985	\$1,677,780	\$12.92
Transportation/Ambulance	\$2,174,724		\$2,174,724	\$23,506		\$2,198,230	0.985	\$2,164,890	\$16.67
Provider Incentive Payment Adjustment									\$6.21
Total	\$132,770,392	\$2,543,466	\$135,313,859	\$1,232,089	\$1,159,593	\$137,705,540		\$150,722,484	\$1,167.02
Admin Cost Adjustment									\$87.18
Medallion 3.0 Capitation Rate									\$1,254.19

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Summary of FY 2016 Base Capitation Rates
Before CDPS Adjustment

Exhibit 5a

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39
	1-5	\$1,947.75	\$1,170.23	\$1,258.28	\$1,001.25	\$1,133.88	\$770.76	\$856.70	\$1,164.53
	6-14	\$627.46	\$477.79	\$488.27	\$486.21	\$510.97	\$800.48	\$676.98	\$559.55
	Female 15-20	\$627.46	\$477.79	\$488.27	\$486.21	\$510.97	\$800.48	\$676.98	\$546.74
	Female 21-44	\$1,167.06	\$1,020.07	\$1,147.24	\$1,012.34	\$1,033.80	\$1,102.89	\$1,036.12	\$1,076.45
	Male 15-20	\$627.46	\$477.79	\$488.27	\$486.21	\$510.97	\$800.48	\$676.98	\$550.61
	Male 21-44	\$964.58	\$1,003.43	\$859.51	\$746.89	\$921.21	\$882.69	\$726.31	\$874.10
	Over 44	\$1,353.77	\$1,440.26	\$1,629.57	\$1,483.22	\$1,583.64	\$1,527.09	\$1,254.19	\$1,480.71
	Average	\$1,177.65	\$1,075.47	\$1,144.87	\$1,070.29	\$1,137.25	\$1,195.42	\$1,086.05	\$1,131.56
Low Income Families with Children	Under 1	\$402.22	\$525.18	\$566.83	\$576.18	\$591.40	\$542.23	\$529.79	\$520.65
	1-5	\$117.44	\$124.25	\$135.56	\$131.75	\$126.17	\$122.95	\$138.96	\$126.67
	6-14	\$103.19	\$108.74	\$120.42	\$116.96	\$123.07	\$127.09	\$141.41	\$117.42
	Female 15-20	\$191.14	\$247.48	\$251.89	\$249.70	\$249.37	\$287.80	\$307.93	\$246.10
	Female 21-44	\$655.60	\$538.34	\$559.26	\$558.86	\$527.05	\$589.70	\$614.15	\$570.99
	Male 15-20	\$143.87	\$137.98	\$155.91	\$134.82	\$153.71	\$160.70	\$166.46	\$150.49
	Male 21-44	\$377.53	\$394.56	\$366.42	\$403.76	\$390.77	\$419.05	\$476.55	\$399.51
	Over 44	\$703.73	\$721.95	\$786.19	\$847.03	\$768.82	\$758.77	\$743.03	\$759.30
	Average	\$201.74	\$224.00	\$243.03	\$238.98	\$244.17	\$247.95	\$272.55	\$234.18
Weighted Average		\$261.13	\$333.10	\$346.54	\$344.64	\$347.01	\$379.14	\$434.11	\$336.09

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Comparison of FY 2015 and FY 2016 Base Capitation Rates
Before CDPS Adjustment

Exhibit 5b

		Region											
		FY 2015	FY 2016		FY 2015	FY 2016		FY 2015	FY 2016		FY 2015	FY 2016	
Aid Category	Age Group	Northern Virginia			Other MSA			Richmond/ Charlottesville			Rural		
				% Change 2015-2016			% Change 2015-2016			% Change 2015-2016			% Change 2015-2016
Aged, Blind, and Disabled	Under 1	\$3,005.63	\$2,757.39	-8.26%	\$3,005.63	\$2,757.39	-8.26%	\$3,005.63	\$2,757.39	-8.26%	\$3,005.63	\$2,757.39	-8.26%
	1-5	\$1,831.31	\$1,947.75	6.36%	\$973.78	\$1,170.23	20.17%	\$1,201.09	\$1,258.28	4.76%	\$894.34	\$1,001.25	11.95%
	6-14	\$651.39	\$627.46	-3.67%	\$442.94	\$477.79	7.87%	\$464.73	\$488.27	5.07%	\$457.53	\$486.21	6.27%
	Female 15-20	\$651.39	\$627.46	-3.67%	\$442.94	\$477.79	7.87%	\$464.73	\$488.27	5.07%	\$457.53	\$486.21	6.27%
	Female 21-44	\$1,138.99	\$1,167.06	2.47%	\$1,007.70	\$1,020.07	1.23%	\$1,137.45	\$1,147.24	0.86%	\$1,044.01	\$1,012.34	-3.03%
	Male 15-20	\$651.39	\$627.46	-3.67%	\$442.94	\$477.79	7.87%	\$464.73	\$488.27	5.07%	\$457.53	\$486.21	6.27%
	Male 21-44	\$908.05	\$964.58	6.23%	\$921.03	\$1,003.43	8.95%	\$870.52	\$859.51	-1.26%	\$707.96	\$746.89	5.50%
	Over 44	\$1,355.11	\$1,353.77	-0.10%	\$1,440.51	\$1,440.26	-0.02%	\$1,616.44	\$1,629.57	0.81%	\$1,436.07	\$1,483.22	3.28%
	Average	\$1,168.92	\$1,177.65	0.75%	\$1,048.43	\$1,075.47	2.58%	\$1,132.43	\$1,144.87	1.10%	\$1,038.77	\$1,070.29	3.03%
Low Income Families with Children	Under 1	\$377.40	\$402.22	6.58%	\$495.63	\$525.18	5.96%	\$541.33	\$566.83	4.71%	\$567.41	\$576.18	1.55%
	1-5	\$125.68	\$117.44	-6.56%	\$127.50	\$124.25	-2.55%	\$140.21	\$135.56	-3.32%	\$135.35	\$131.75	-2.67%
	6-14	\$109.34	\$103.19	-5.63%	\$113.38	\$108.74	-4.09%	\$122.78	\$120.42	-1.92%	\$125.01	\$116.96	-6.44%
	Female 15-20	\$197.58	\$191.14	-3.26%	\$259.48	\$247.48	-4.63%	\$251.64	\$251.89	0.10%	\$253.95	\$249.70	-1.68%
	Female 21-44	\$579.75	\$655.60	13.08%	\$503.11	\$538.34	7.00%	\$513.85	\$559.26	8.84%	\$537.90	\$558.86	3.90%
	Male 15-20	\$127.12	\$143.87	13.18%	\$136.34	\$137.98	1.20%	\$150.40	\$155.91	3.67%	\$143.56	\$134.82	-6.09%
	Male 21-44	\$337.39	\$377.53	11.90%	\$348.11	\$394.56	13.34%	\$358.57	\$366.42	2.19%	\$399.50	\$403.76	1.07%
	Over 44	\$706.68	\$703.73	-0.42%	\$661.66	\$721.95	9.11%	\$680.50	\$786.19	15.53%	\$766.85	\$847.03	10.46%
	Average	\$196.76	\$201.74	2.53%	\$218.87	\$224.00	2.34%	\$234.40	\$243.03	3.69%	\$238.86	\$238.98	0.05%
Weighted Average		\$255.93	\$261.13	2.03%	\$325.17	\$333.10	2.44%	\$337.47	\$346.54	2.69%	\$340.52	\$344.64	1.21%

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Comparison of FY 2015 and FY 2016 Base Capitation Rates
Before CDPS Adjustment

Exhibit 5b

		Region											
		FY 2015	FY 2016		FY 2015	FY 2016		FY 2015	FY 2016		FY 2015	FY 2016	
Aid Category	Age Group	Tidewater		% Change 2015-2016	Roanoke-Alleghany		% Change 2015-2016	Far Southwest		% Change 2015-2016	Weighted Average		% Change 2015-2016
Aged, Blind, and Disabled	Under 1	\$3,005.63	\$2,757.39	-8.26%	\$3,081.42	\$2,757.39	-10.52%	\$2,629.74	\$2,757.39	4.85%	\$3,011.41	\$2,757.39	-8.44%
	1-5	\$1,077.25	\$1,133.88	5.26%	\$880.79	\$770.76	-12.49%	\$1,097.71	\$856.70	-21.96%	\$1,134.15	\$1,164.53	2.68%
	6-14	\$514.02	\$510.97	-0.59%	\$689.56	\$800.48	16.09%	\$691.16	\$676.98	-2.05%	\$536.00	\$559.55	4.39%
	Female 15-20	\$514.02	\$510.97	-0.59%	\$689.56	\$800.48	16.09%	\$691.16	\$676.98	-2.05%	\$526.75	\$546.74	3.79%
	Female 21-44	\$1,010.56	\$1,033.80	2.30%	\$1,025.72	\$1,102.89	7.52%	\$954.17	\$1,036.12	8.59%	\$1,047.62	\$1,076.45	2.75%
	Male 15-20	\$514.02	\$510.97	-0.59%	\$689.56	\$800.48	16.09%	\$691.16	\$676.98	-2.05%	\$529.67	\$550.61	3.95%
	Male 21-44	\$881.91	\$921.21	4.46%	\$824.90	\$882.69	7.01%	\$671.42	\$726.31	8.17%	\$836.78	\$874.10	4.46%
	Over 44	\$1,547.87	\$1,583.64	2.31%	\$1,430.54	\$1,527.09	6.75%	\$1,183.52	\$1,254.19	5.97%	\$1,443.43	\$1,480.71	2.58%
	Average	\$1,112.03	\$1,137.25	2.27%	\$1,111.85	\$1,195.42	7.52%	\$1,029.80	\$1,086.05	5.46%	\$1,099.15	\$1,131.56	2.95%
Low Income Families with Children	Under 1	\$574.49	\$591.40	2.94%	\$472.36	\$542.23	14.79%	\$242.33	\$529.79	118.62%	\$478.87	\$520.65	8.72%
	1-5	\$135.11	\$126.17	-6.61%	\$120.29	\$122.95	2.21%	\$141.11	\$138.96	-1.53%	\$132.13	\$126.67	-4.14%
	6-14	\$130.18	\$123.07	-5.46%	\$129.01	\$127.09	-1.49%	\$158.35	\$141.41	-10.70%	\$123.31	\$117.42	-4.78%
	Female 15-20	\$256.94	\$249.37	-2.95%	\$276.46	\$287.80	4.10%	\$289.61	\$307.93	6.33%	\$247.95	\$246.10	-0.75%
	Female 21-44	\$490.07	\$527.05	7.55%	\$516.97	\$589.70	14.07%	\$529.06	\$614.15	16.08%	\$520.73	\$570.99	9.65%
	Male 15-20	\$152.97	\$153.71	0.48%	\$160.87	\$160.70	-0.11%	\$178.03	\$166.46	-6.50%	\$147.09	\$150.49	2.31%
	Male 21-44	\$349.20	\$390.77	11.91%	\$382.33	\$419.05	9.61%	\$423.38	\$476.55	12.56%	\$367.89	\$399.51	8.60%
	Over 44	\$695.99	\$768.82	10.46%	\$641.59	\$758.77	18.26%	\$634.02	\$743.03	17.19%	\$690.55	\$759.30	9.96%
	Average	\$240.44	\$244.17	1.55%	\$229.90	\$247.95	7.85%	\$245.33	\$272.55	11.10%	\$226.49	\$234.18	3.40%
Weighted Average		\$340.81	\$347.01	1.82%	\$352.02	\$379.14	7.71%	\$401.12	\$434.11	8.22%	\$325.59	\$336.09	3.23%

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
March 2015 Member Month Distribution

Exhibit 5c

Aid Category	Age Group	Region							
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	Regional Total
Aged, Blind, and Disabled	Under 1	8	5	16	5	9	9	1	53
	1-5	242	194	324	191	389	340	143	1,823
	6-14	827	960	2,140	1,118	2,332	1,236	616	9,229
	Female 15-20	240	250	699	301	642	238	150	2,520
	Female 21-44	1,029	994	2,364	1,212	2,464	1,452	1,490	11,005
	Male 15-20	423	393	1,289	571	1,220	501	288	4,685
	Male 21-44	1,149	887	2,321	1,141	2,384	1,187	1,097	10,166
	Over 44	4,977	2,879	6,818	3,890	7,579	4,269	5,539	35,951
Aid Category Total		8,895	6,562	15,971	8,429	17,019	9,232	9,324	75,432
Low Income Families with Children	Under 1	9,939	2,853	7,267	3,484	7,659	3,403	2,164	36,769
	1-5	37,855	11,036	30,348	13,852	31,589	13,794	8,324	146,798
	6-14	56,384	17,368	47,264	22,593	48,806	22,000	13,910	228,325
	Female 15-20	8,284	3,168	8,464	4,103	9,213	4,245	2,909	40,386
	Female 21-44	12,466	6,053	17,850	7,993	21,522	8,112	5,627	79,623
	Male 15-20	7,787	2,625	7,268	3,598	7,600	3,498	2,571	34,947
	Male 21-44	1,970	847	2,251	1,213	2,032	1,401	1,391	11,105
	Over 44	2,568	698	2,466	1,055	2,347	991	730	10,855
Aid Category Total		137,253	44,648	123,178	57,891	130,768	57,444	37,626	588,808
Total		146,148	51,210	139,149	66,320	147,787	66,676	46,950	664,240

Note: Member Month distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
CDPS Rates Summary of Difference in Implied Cost
March 2015 CDPS Rates

Exhibit 6

	Aged, Blind, and Disabled						
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Anthem Blue Cross and Blue Shield	3.5%	0.0%	1.4%	5.5%	2.2%	8.8%	-1.3%
CoventryCares of Virginia	0.0%	0.0%	-1.9%	0.0%	0.0%	-7.6%	-1.6%
InTotal Health	-13.6%	0.0%	0.0%	0.0%	0.0%	-12.8%	-3.0%
Kaiser Permanente	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optima Family Care	0.0%	-3.0%	-5.8%	-5.3%	-1.4%	1.9%	-9.7%
Virginia Premier Health Plan	14.5%	2.2%	4.5%	2.9%	-1.3%	0.4%	4.2%

	Low Income Families with Children						
	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Anthem Blue Cross and Blue Shield	3.1%	-8.3%	3.5%	-1.0%	1.9%	-4.6%	-7.6%
CoventryCares of Virginia	0.0%	-7.3%	-2.9%	-0.1%	0.0%	-6.0%	-6.8%
InTotal Health	-9.6%	0.0%	0.0%	5.9%	0.0%	-11.9%	-1.4%
Kaiser Permanente	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Optima Family Care	0.0%	-0.8%	-3.5%	-1.3%	0.7%	-3.1%	-1.7%
Virginia Premier Health Plan	0.7%	3.3%	-0.4%	1.2%	-7.5%	2.5%	6.5%

Note:
Health plan enrollment distribution as of March 2015 is used in plan assignment and weighting

Virginia Medicaid
FY 2016 Capitation Rate Development
Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates
With CDPS Adjustment

Exhibit 7a

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,853.48	\$2,757.39	\$2,795.34	\$2,908.48	\$2,817.48	\$2,999.91	\$2,722.24	\$2,827.83
	1-5	\$2,015.62	\$1,170.23	\$1,275.59	\$1,056.12	\$1,158.59	\$838.55	\$845.78	\$1,420.76
	6-14	\$649.32	\$477.79	\$494.99	\$512.85	\$522.11	\$870.89	\$668.35	\$555.00
	Female 15-20	\$649.32	\$477.79	\$494.99	\$512.85	\$522.11	\$870.89	\$668.35	\$554.35
	Female 21-44	\$1,207.73	\$1,020.07	\$1,163.03	\$1,067.81	\$1,056.33	\$1,199.89	\$1,022.91	\$1,120.46
	Male 15-20	\$649.32	\$477.79	\$494.99	\$512.85	\$522.11	\$870.89	\$668.35	\$552.43
	Male 21-44	\$998.20	\$1,003.43	\$871.33	\$787.81	\$941.29	\$960.33	\$717.05	\$910.95
	Over 44	\$1,400.94	\$1,440.26	\$1,652.00	\$1,564.49	\$1,618.15	\$1,661.40	\$1,238.21	\$1,525.49
	Average	\$1,209.09	\$1,137.65	\$1,149.80	\$1,146.59	\$1,185.69	\$1,352.58	\$1,084.96	\$1,177.83
Low Income Families with Children	Under 1	\$414.87	\$481.47	\$586.45	\$570.53	\$602.85	\$517.14	\$489.55	\$507.76
	1-5	\$121.14	\$113.91	\$140.25	\$130.45	\$128.61	\$117.26	\$128.40	\$127.13
	6-14	\$106.43	\$99.69	\$124.59	\$115.82	\$125.45	\$121.20	\$130.67	\$115.62
	Female 15-20	\$197.16	\$226.89	\$260.61	\$247.25	\$254.19	\$274.48	\$284.55	\$234.59
	Female 21-44	\$676.23	\$493.54	\$578.62	\$553.39	\$537.25	\$562.41	\$567.50	\$588.98
	Male 15-20	\$148.39	\$126.50	\$161.31	\$133.50	\$156.68	\$153.26	\$153.82	\$151.90
	Male 21-44	\$389.41	\$361.73	\$379.10	\$399.80	\$398.34	\$399.66	\$440.36	\$392.87
	Over 44	\$725.87	\$661.87	\$813.40	\$838.73	\$783.70	\$723.65	\$686.59	\$766.60
	Average	\$205.43	\$229.02	\$262.27	\$247.54	\$255.20	\$254.58	\$258.02	\$235.06
Weighted Average		\$266.34	\$327.92	\$364.04	\$361.66	\$362.49	\$433.14	\$421.25	\$327.59

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
CoventryCares of Virginia Medallion 3.0 Capitation Rates
With CDPS Adjustment

Exhibit 7b

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,757.39	\$2,757.39	\$2,705.69	\$2,757.39	\$2,757.39	\$2,548.01	\$2,713.42	\$2,663.59
	1-5	\$1,947.75	\$1,170.23	\$1,234.68	\$1,001.25	\$1,133.88	\$712.23	\$843.04	\$1,058.99
	6-14	\$627.46	\$477.79	\$479.12	\$486.21	\$510.97	\$739.70	\$666.18	\$535.99
	Female 15-20	\$627.46	\$477.79	\$479.12	\$486.21	\$510.97	\$739.70	\$666.18	\$529.73
	Female 21-44	\$1,167.06	\$1,020.07	\$1,125.73	\$1,012.34	\$1,033.80	\$1,019.14	\$1,019.60	\$1,072.81
	Male 15-20	\$627.46	\$477.79	\$479.12	\$486.21	\$510.97	\$739.70	\$666.18	\$527.49
	Male 21-44	\$964.58	\$1,003.43	\$843.39	\$746.89	\$921.21	\$815.67	\$714.72	\$817.09
	Over 44	\$1,353.77	\$1,440.26	\$1,599.01	\$1,483.22	\$1,583.64	\$1,411.13	\$1,234.19	\$1,443.65
	Average	\$1,167.79	\$1,118.22	\$1,115.53	\$1,099.65	\$1,368.84	\$1,159.95	\$1,065.13	\$1,109.16
Low Income Families with Children	Under 1	\$402.22	\$486.98	\$550.49	\$575.58	\$591.40	\$509.74	\$493.74	\$532.79
	1-5	\$117.44	\$115.21	\$131.66	\$131.61	\$126.17	\$115.58	\$129.50	\$128.21
	6-14	\$103.19	\$100.83	\$116.95	\$116.84	\$123.07	\$119.47	\$131.79	\$118.32
	Female 15-20	\$191.14	\$229.48	\$244.63	\$249.44	\$249.37	\$270.55	\$286.98	\$254.10
	Female 21-44	\$655.60	\$499.19	\$543.15	\$558.28	\$527.05	\$554.36	\$572.36	\$546.58
	Male 15-20	\$143.87	\$127.95	\$151.42	\$134.68	\$153.71	\$151.07	\$155.13	\$149.74
	Male 21-44	\$377.53	\$365.87	\$355.86	\$403.34	\$390.77	\$393.94	\$444.12	\$388.31
	Over 44	\$703.73	\$669.44	\$763.54	\$846.15	\$768.82	\$713.30	\$692.46	\$744.25
	Average	\$198.29	\$217.56	\$227.13	\$233.79	\$231.35	\$251.22	\$250.45	\$233.07
Weighted Average		\$279.58	\$345.08	\$322.80	\$346.17	\$329.52	\$395.89	\$409.15	\$348.25

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
InTotal Health Medallion 3.0 Capitation Rates
With CDPS Adjustment

Exhibit 7c

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,383.00	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,405.03	\$2,675.15	\$2,461.84
	1-5	\$1,683.29	\$1,170.23	\$1,258.28	\$1,001.25	\$1,133.88	\$672.26	\$831.15	\$1,220.39
	6-14	\$542.26	\$477.79	\$488.27	\$486.21	\$510.97	\$698.19	\$656.79	\$597.04
	Female 15-20	\$542.26	\$477.79	\$488.27	\$486.21	\$510.97	\$698.19	\$656.79	\$575.72
	Female 21-44	\$1,008.60	\$1,020.07	\$1,147.24	\$1,012.34	\$1,033.80	\$961.95	\$1,005.22	\$1,002.03
	Male 15-20	\$542.26	\$477.79	\$488.27	\$486.21	\$510.97	\$698.19	\$656.79	\$593.21
	Male 21-44	\$833.62	\$1,003.43	\$859.51	\$746.89	\$921.21	\$769.90	\$704.64	\$779.57
	Over 44	\$1,169.96	\$1,440.26	\$1,629.57	\$1,483.22	\$1,583.64	\$1,331.94	\$1,216.79	\$1,233.81
	Average	\$1,043.96	\$1,233.88	\$1,059.24	\$1,136.64	\$1,579.96	\$1,057.90	\$1,054.75	\$1,060.35
Low Income Families with Children	Under 1	\$363.59	\$525.18	\$566.83	\$610.00	\$591.40	\$477.54	\$522.56	\$410.67
	1-5	\$106.16	\$124.25	\$135.56	\$139.48	\$126.17	\$108.28	\$137.06	\$112.45
	6-14	\$93.28	\$108.74	\$120.42	\$123.83	\$123.07	\$111.92	\$139.48	\$103.71
	Female 15-20	\$172.79	\$247.48	\$251.89	\$264.36	\$249.37	\$253.46	\$303.73	\$213.17
	Female 21-44	\$592.65	\$538.34	\$559.26	\$591.67	\$527.05	\$519.35	\$605.76	\$586.68
	Male 15-20	\$130.05	\$137.98	\$155.91	\$142.74	\$153.71	\$141.52	\$164.19	\$137.82
	Male 21-44	\$341.28	\$394.56	\$366.42	\$427.46	\$390.77	\$369.06	\$470.04	\$390.97
	Over 44	\$636.15	\$721.95	\$786.19	\$896.76	\$768.82	\$668.25	\$732.88	\$682.17
	Average	\$172.29	\$262.24	\$270.52	\$240.38	\$259.11	\$229.17	\$268.32	\$196.81
Weighted Average		\$225.21	\$349.51	\$353.76	\$318.31	\$480.39	\$366.22	\$419.53	\$275.30

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Kaiser Permanente Medallion 3.0 Capitation Rates
With CDPS Adjustment

Exhibit 7d

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39	\$2,757.39
	1-5	\$1,947.75	\$1,170.23	\$1,258.28	\$1,001.25	\$1,133.88	\$770.76	\$856.70	\$1,945.92
	6-14	\$627.46	\$477.79	\$488.27	\$486.21	\$510.97	\$800.48	\$676.98	\$627.44
	Female 15-20	\$627.46	\$477.79	\$488.27	\$486.21	\$510.97	\$800.48	\$676.98	\$627.41
	Female 21-44	\$1,167.06	\$1,020.07	\$1,147.24	\$1,012.34	\$1,033.80	\$1,102.89	\$1,036.12	\$1,167.04
	Male 15-20	\$627.46	\$477.79	\$488.27	\$486.21	\$510.97	\$800.48	\$676.98	\$627.42
	Male 21-44	\$964.58	\$1,003.43	\$859.51	\$746.89	\$921.21	\$882.69	\$726.31	\$964.57
	Over 44	\$1,353.77	\$1,440.26	\$1,629.57	\$1,483.22	\$1,583.64	\$1,527.09	\$1,254.19	\$1,353.77
	Average	\$1,219.28	\$1,103.09	\$1,139.60	\$1,057.46	\$1,120.36	\$1,180.28	\$1,082.71	\$1,219.27
Low Income Families with Children	Under 1	\$402.22	\$525.18	\$566.83	\$576.18	\$591.40	\$542.23	\$529.79	\$402.22
	1-5	\$117.44	\$124.25	\$135.56	\$131.75	\$126.17	\$122.95	\$138.96	\$117.44
	6-14	\$103.19	\$108.74	\$120.42	\$116.96	\$123.07	\$127.09	\$141.41	\$103.19
	Female 15-20	\$191.14	\$247.48	\$251.89	\$249.70	\$249.37	\$287.80	\$307.93	\$191.14
	Female 21-44	\$655.60	\$538.34	\$559.26	\$558.86	\$527.05	\$589.70	\$614.15	\$655.60
	Male 15-20	\$143.87	\$137.98	\$155.91	\$134.82	\$153.71	\$160.70	\$166.46	\$143.87
	Male 21-44	\$377.53	\$394.56	\$366.42	\$403.76	\$390.77	\$419.05	\$476.55	\$377.53
	Over 44	\$703.73	\$721.95	\$786.19	\$847.03	\$768.82	\$758.77	\$743.03	\$703.74
	Average	\$273.22	\$349.81	\$367.81	\$377.38	\$366.30	\$376.03	\$389.79	\$273.22
Weighted Average		\$334.50	\$726.45	\$753.71	\$717.42	\$743.33	\$778.16	\$736.25	\$334.51

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Optima Family Care Medallion 3.0 Capitation Rates
With CDPS Adjustment

Exhibit 7e

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,757.39	\$2,674.40	\$2,597.80	\$2,610.16	\$2,717.54	\$2,810.73	\$2,489.39	\$2,658.86
	1-5	\$1,947.75	\$1,135.00	\$1,185.45	\$947.79	\$1,117.49	\$785.67	\$773.43	\$1,071.21
	6-14	\$627.46	\$463.41	\$460.01	\$460.25	\$503.59	\$815.97	\$611.18	\$490.11
	Female 15-20	\$627.46	\$463.41	\$460.01	\$460.25	\$503.59	\$815.97	\$611.18	\$491.59
	Female 21-44	\$1,167.06	\$989.37	\$1,080.84	\$958.28	\$1,018.86	\$1,124.23	\$935.42	\$1,014.77
	Male 15-20	\$627.46	\$463.41	\$460.01	\$460.25	\$503.59	\$815.97	\$611.18	\$491.52
	Male 21-44	\$964.58	\$973.23	\$809.76	\$707.01	\$907.90	\$899.77	\$655.71	\$847.94
	Over 44	\$1,353.77	\$1,396.91	\$1,535.26	\$1,404.02	\$1,560.75	\$1,556.63	\$1,132.29	\$1,483.04
	Average	\$1,172.45	\$1,012.30	\$1,082.34	\$982.71	\$1,096.89	\$1,268.82	\$960.09	\$1,063.05
Low Income Families with Children	Under 1	\$402.22	\$521.12	\$547.10	\$568.87	\$595.27	\$525.51	\$520.95	\$565.39
	1-5	\$117.44	\$123.29	\$130.84	\$130.07	\$127.00	\$119.16	\$136.64	\$127.84
	6-14	\$103.19	\$107.90	\$116.23	\$115.48	\$123.88	\$123.17	\$139.05	\$119.32
	Female 15-20	\$191.14	\$245.57	\$243.12	\$246.53	\$251.00	\$278.92	\$302.79	\$250.66
	Female 21-44	\$655.60	\$534.18	\$539.80	\$551.77	\$530.50	\$571.51	\$603.89	\$539.36
	Male 15-20	\$143.87	\$136.91	\$150.49	\$133.11	\$154.71	\$155.74	\$163.68	\$148.46
	Male 21-44	\$377.53	\$391.51	\$353.67	\$398.64	\$393.33	\$406.13	\$468.59	\$390.77
	Over 44	\$703.73	\$716.37	\$758.83	\$836.28	\$773.84	\$735.37	\$730.62	\$771.32
	Average	\$239.83	\$222.39	\$228.69	\$230.86	\$241.14	\$252.58	\$269.11	\$235.85
Weighted Average		\$459.49	\$326.47	\$323.35	\$336.38	\$339.45	\$396.93	\$395.41	\$337.76

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Virginia Premier Health Plan Medallion 3.0 Capitation Rates
With CDPS Adjustment

Exhibit 7f

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$3,156.48	\$2,818.89	\$2,881.65	\$2,837.21	\$2,720.35	\$2,767.89	\$2,872.52	\$2,795.88
	1-5	\$2,229.65	\$1,196.33	\$1,314.98	\$1,030.24	\$1,118.65	\$773.70	\$892.47	\$1,003.37
	6-14	\$718.27	\$488.44	\$510.27	\$500.29	\$504.11	\$803.53	\$705.25	\$630.15
	Female 15-20	\$718.27	\$488.44	\$510.27	\$500.29	\$504.11	\$803.53	\$705.25	\$595.89
	Female 21-44	\$1,335.98	\$1,042.82	\$1,198.94	\$1,041.64	\$1,019.91	\$1,107.09	\$1,079.38	\$1,100.35
	Male 15-20	\$718.27	\$488.44	\$510.27	\$500.29	\$504.11	\$803.53	\$705.25	\$613.33
	Male 21-44	\$1,104.19	\$1,025.81	\$898.24	\$768.51	\$908.84	\$886.06	\$756.63	\$885.94
	Over 44	\$1,549.70	\$1,472.38	\$1,703.01	\$1,526.15	\$1,562.37	\$1,532.91	\$1,306.56	\$1,503.95
	Average	\$1,303.86	\$1,106.28	\$1,214.94	\$1,121.80	\$1,137.73	\$1,177.52	\$1,131.85	\$1,159.71
Low Income Families with Children	Under 1	\$404.83	\$542.52	\$564.80	\$582.93	\$547.34	\$555.97	\$564.30	\$548.43
	1-5	\$118.21	\$128.35	\$135.08	\$133.29	\$116.77	\$126.06	\$148.01	\$129.21
	6-14	\$103.86	\$112.33	\$119.99	\$118.33	\$113.90	\$130.30	\$150.62	\$123.07
	Female 15-20	\$192.39	\$255.65	\$250.99	\$252.63	\$230.79	\$295.09	\$327.99	\$267.67
	Female 21-44	\$659.87	\$556.11	\$557.26	\$565.42	\$487.78	\$604.64	\$654.15	\$577.46
	Male 15-20	\$144.80	\$142.54	\$155.35	\$136.40	\$142.25	\$164.77	\$177.30	\$154.82
	Male 21-44	\$379.99	\$407.59	\$365.11	\$408.49	\$361.66	\$429.67	\$507.59	\$419.29
	Over 44	\$708.31	\$745.79	\$783.38	\$856.96	\$711.53	\$777.99	\$791.42	\$772.34
	Average	\$225.97	\$223.97	\$237.94	\$242.12	\$224.50	\$247.62	\$288.48	\$241.87
Weighted Average		\$291.26	\$337.37	\$359.32	\$346.89	\$330.19	\$369.40	\$462.82	\$362.12

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Summary of Medallion 3.0 Regional Average Capitation Rates
With CDPS Adjustment

Exhibit 7g

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,712.92	\$2,737.60	\$2,771.30	\$2,731.71	\$2,752.71	\$2,655.23	\$2,688.71	\$2,731.15
	1-5	\$1,967.15	\$1,165.74	\$1,255.67	\$999.38	\$1,133.21	\$769.93	\$859.27	\$1,165.88
	6-14	\$637.43	\$477.04	\$487.60	\$484.96	\$510.05	\$800.22	\$678.93	\$559.92
	Female 15-20	\$634.01	\$476.76	\$488.85	\$480.80	\$509.93	\$799.47	\$676.13	\$546.37
	Female 21-44	\$1,176.91	\$1,020.87	\$1,147.31	\$1,009.72	\$1,033.52	\$1,105.75	\$1,035.26	\$1,077.37
	Male 15-20	\$635.64	\$476.45	\$488.51	\$482.97	\$510.40	\$799.67	\$677.78	\$550.72
	Male 21-44	\$964.62	\$1,001.05	\$859.26	\$745.79	\$921.26	\$881.79	\$722.39	\$873.21
	Over 44	\$1,348.19	\$1,441.58	\$1,629.83	\$1,485.74	\$1,584.22	\$1,526.88	\$1,254.92	\$1,480.57
	Average	\$1,177.66	\$1,075.47	\$1,144.87	\$1,070.29	\$1,137.25	\$1,195.42	\$1,086.06	\$1,131.56
Low Income Families with Children	Under 1	\$400.14	\$522.94	\$566.14	\$576.38	\$590.64	\$538.98	\$529.04	\$519.29
	1-5	\$116.78	\$124.44	\$135.26	\$131.85	\$125.99	\$122.58	\$139.16	\$126.39
	6-14	\$103.26	\$109.13	\$120.21	\$117.02	\$123.06	\$127.95	\$141.55	\$117.52
	Female 15-20	\$191.56	\$247.76	\$252.07	\$249.64	\$249.62	\$288.09	\$307.48	\$246.29
	Female 21-44	\$658.09	\$537.79	\$560.22	\$558.55	\$527.20	\$589.21	\$613.65	\$571.48
	Male 15-20	\$144.07	\$138.45	\$155.88	\$134.69	\$153.90	\$160.85	\$166.35	\$150.60
	Male 21-44	\$377.45	\$393.83	\$366.69	\$403.84	\$390.77	\$418.87	\$475.25	\$399.31
	Over 44	\$705.86	\$720.92	\$788.42	\$846.67	\$770.89	\$758.40	\$748.82	\$761.01
	Average	\$201.74	\$224.00	\$243.03	\$238.98	\$244.17	\$247.95	\$272.55	\$234.18
Weighted Average		\$261.13	\$333.10	\$346.54	\$344.64	\$347.01	\$379.14	\$434.11	\$336.09

Note:
Average is weighted by health plan enrollment distribution as of March 2015

Virginia Medicaid
FY 2016 Capitation Rate Development
Drug Reinsurance Adjustment

Exhibit 8a

		LIFC Child	LIFC Adult	ABAD	Source
1a.	FY13 Number of Individuals Exceeding the Threshold	34	5	79	FY13 Health Plan Encounter Data
1b.	FY13 Total Dollars For Individuals Exceeding the Discounted Threshold	\$7,690,517	\$714,053	\$20,161,617	FY13 Health Plan Encounter Data
1c.	FY13 Trended to FY16 Total Dollars For Individuals Exceeding the Threshold	\$10,804,623	\$1,003,192	\$28,325,620	FY13 Health Plan Encounter Data
1d.	FY13 Amount of Reinsurance	\$5,134,161	\$227,873	\$14,828,058	= ((1c.) - ((1a.) * \$150,000)) * 90%
2a.	FY14 Number of Individuals Exceeding the Threshold	43	12	65	FY14 Health Plan Encounter Data
2b.	FY14 Total Dollars For Individuals Exceeding the Discounted Threshold	\$13,402,895	\$2,162,800	\$21,166,047	FY14 Health Plan Encounter Data
2c.	FY14 Trended to FY16 Total Dollars For Individuals Exceeding the Threshold	\$16,812,591	\$2,713,016	\$26,550,689	FY14 Health Plan Encounter Data
2d.	FY14 Amount of Reinsurance	\$9,326,332	\$821,715	\$15,120,620	= ((2c.) - ((2a.) * \$150,000)) * 90%
3.	Average Reinsurance Amount	\$7,230,247	\$524,794	\$14,974,339	= ((1d.) + (2d.)) / 2
4.	Annualized Historical Member Months	5,645,429	1,056,159	876,849	Health Plan Encounter Data
5.	Estimated PMPM	\$1.28	\$0.50	\$17.08	= (3.) / (4.)

Note:

Discounted threshold is based upon FY16 reinsurance threshold of \$150,000 per person per year discounted by 12% unit cost trend per year

Virginia Medicaid
FY 2016 Capitation Rate Development
Behavior Health Home Adjustment - ABAD Adult

Exhibit 8b

Plan	Region	Funding Amount	Medical Component	Annualized March 2015 MM Snapshot	BHH Adjustment
Anthem Blue Cross and Blue Shield	Richmond/Charlottesville	\$100,000	\$496,582	51,168	\$11.66
CoventryCares of Virginia	Richmond/Charlottesville	\$100,000	NA	20,736	\$4.82
InTotal Health	Northern Virginia	\$100,000	NA	21,096	\$4.74
Kaiser Permanente	Northern Virginia	N/A	NA	3,876	\$0.00
Optima Family Care	Tidewater	\$100,000	NA	67,704	\$1.48
Virginia Premier Health Plan	Far Southwest	\$100,000	NA	42,096	\$2.38

Note:

Health plan March 2015 enrollment distribution for ABAD adults only and region-specific

Virginia Medicaid
FY 2016 Capitation Rate Development
Tidewater Physician Access Adjustment

Exhibit 8c

		Physician Access Adjustment	Source
1.	Eligible Claims for Tidewater Physician Access Adjustment	\$9,359,417	FY13-FY14 Health Plan Encounter Data
2.	Repriced Claims to Average Commercial Rate	\$15,482,182	FY13-FY14 Health Plan Encounter Data
3.	Total Tidewater Physician Access Adjustment	\$6,122,765	= (2.) - (1.)
4.	FY13 - FY14 ABAD and LIFC Member Months for Tidewater Region Only	3,495,967	FY13-FY14 Health Plan Encounter Data
5.	Tidewater Physician Access Adjustment	\$1.75	= (3.) / (4.)

Virginia Medicaid

Exhibit 9a

FY 2016 Capitation Rate Development

Anthem Blue Cross and Blue Shield Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,836.40	\$2,740.31	\$2,778.26	\$2,891.40	\$2,802.15	\$2,982.83	\$2,705.16	\$2,811.10
	1-5	\$1,998.54	\$1,153.15	\$1,258.52	\$1,039.04	\$1,143.26	\$821.47	\$828.70	\$1,404.14
	6-14	\$632.25	\$460.71	\$477.91	\$495.78	\$506.78	\$853.81	\$651.27	\$538.43
	Female 15-20	\$632.25	\$460.71	\$477.91	\$495.78	\$506.78	\$853.81	\$651.27	\$537.78
	Female 21-44	\$1,190.65	\$1,002.99	\$1,157.61	\$1,050.73	\$1,041.00	\$1,182.81	\$1,005.83	\$1,107.00
	Male 15-20	\$632.25	\$460.71	\$477.91	\$495.78	\$506.78	\$853.81	\$651.27	\$535.88
	Male 21-44	\$981.12	\$986.35	\$865.92	\$770.73	\$925.96	\$943.25	\$699.97	\$897.54
	Over 44	\$1,383.87	\$1,423.18	\$1,646.58	\$1,547.41	\$1,602.82	\$1,644.32	\$1,221.13	\$1,511.36
	Average	\$1,192.02	\$1,120.57	\$1,141.08	\$1,129.51	\$1,170.36	\$1,335.50	\$1,067.88	\$1,163.32
Low Income Families with Children	Under 1	\$413.59	\$480.19	\$585.16	\$569.25	\$603.32	\$515.85	\$488.27	\$506.87
	1-5	\$119.86	\$112.63	\$138.97	\$129.17	\$129.09	\$115.98	\$127.12	\$126.24
	6-14	\$105.15	\$98.41	\$123.31	\$114.54	\$125.92	\$119.92	\$129.39	\$114.71
	Female 15-20	\$195.88	\$225.61	\$259.33	\$245.97	\$254.66	\$273.20	\$283.26	\$233.72
	Female 21-44	\$675.73	\$493.04	\$578.12	\$552.89	\$538.51	\$561.91	\$567.01	\$589.01
	Male 15-20	\$147.11	\$125.22	\$160.03	\$132.22	\$157.15	\$151.98	\$152.54	\$151.02
	Male 21-44	\$388.91	\$361.23	\$378.61	\$399.30	\$399.59	\$399.16	\$439.86	\$392.77
	Over 44	\$725.38	\$661.37	\$812.90	\$838.23	\$784.95	\$723.16	\$686.10	\$766.48
	Average	\$204.25	\$227.90	\$261.16	\$246.41	\$255.83	\$253.46	\$256.91	\$234.31
Weighted Average		\$264.19	\$325.05	\$362.05	\$358.51	\$361.28	\$429.43	\$416.99	\$325.50

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells shaded in grey have additional BHH Adjustment

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid

Exhibit 9b

FY 2016 Capitation Rate Development

CoventryCares of Virginia Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,740.31	\$2,740.31	\$2,688.61	\$2,740.31	\$2,742.06	\$2,530.93	\$2,696.34	\$2,646.51
	1-5	\$1,930.67	\$1,153.15	\$1,217.61	\$984.18	\$1,118.55	\$695.16	\$825.96	\$1,041.91
	6-14	\$610.38	\$460.71	\$462.04	\$469.14	\$495.65	\$722.62	\$649.11	\$518.91
	Female 15-20	\$610.38	\$460.71	\$462.04	\$469.14	\$495.65	\$722.62	\$649.11	\$512.65
	Female 21-44	\$1,149.98	\$1,002.99	\$1,113.47	\$995.26	\$1,018.47	\$1,002.06	\$1,002.52	\$1,058.15
	Male 15-20	\$610.38	\$460.71	\$462.04	\$469.14	\$495.65	\$722.62	\$649.11	\$510.42
	Male 21-44	\$947.51	\$986.35	\$831.13	\$729.81	\$905.89	\$798.59	\$697.64	\$802.38
	Over 44	\$1,336.69	\$1,423.18	\$1,586.76	\$1,466.14	\$1,568.31	\$1,394.05	\$1,217.12	\$1,428.59
	Average	\$1,150.72	\$1,101.15	\$1,101.87	\$1,082.58	\$1,353.51	\$1,142.87	\$1,048.05	\$1,093.75
Low Income Families with Children	Under 1	\$400.94	\$485.70	\$549.21	\$574.30	\$591.87	\$508.46	\$492.46	\$531.51
	1-5	\$116.16	\$113.93	\$130.37	\$130.33	\$126.64	\$114.30	\$128.22	\$126.93
	6-14	\$101.90	\$99.55	\$115.67	\$115.56	\$123.54	\$118.19	\$130.50	\$117.04
	Female 15-20	\$189.86	\$228.20	\$243.35	\$248.16	\$249.84	\$269.27	\$285.70	\$252.82
	Female 21-44	\$655.11	\$498.69	\$542.65	\$557.79	\$528.31	\$553.86	\$571.86	\$546.08
	Male 15-20	\$142.59	\$126.66	\$150.14	\$133.40	\$154.18	\$149.78	\$153.85	\$148.46
	Male 21-44	\$377.03	\$365.37	\$355.37	\$402.84	\$392.03	\$393.44	\$443.63	\$387.82
	Over 44	\$703.24	\$668.95	\$763.04	\$845.65	\$770.07	\$712.80	\$691.97	\$743.76
	Average	\$197.15	\$216.42	\$225.98	\$232.64	\$232.00	\$250.10	\$249.33	\$231.93
Weighted Average		\$277.10	\$341.68	\$320.30	\$342.95	\$328.79	\$392.24	\$404.92	\$345.24

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells shaded in grey have additional BHH Adjustment

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid

Exhibit 9c

FY 2016 Capitation Rate Development

InTotal Health Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment

With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,365.92	\$2,740.31	\$2,740.31	\$2,740.31	\$2,742.06	\$2,387.95	\$2,658.07	\$2,444.76
	1-5	\$1,666.21	\$1,153.15	\$1,241.20	\$984.18	\$1,118.55	\$655.19	\$814.07	\$1,203.31
	6-14	\$525.19	\$460.71	\$471.19	\$469.14	\$495.65	\$681.11	\$639.71	\$579.96
	Female 15-20	\$525.19	\$460.71	\$471.19	\$469.14	\$495.65	\$681.11	\$639.71	\$558.64
	Female 21-44	\$996.27	\$1,002.99	\$1,130.16	\$995.26	\$1,018.47	\$944.87	\$988.14	\$986.66
	Male 15-20	\$525.19	\$460.71	\$471.19	\$469.14	\$495.65	\$681.11	\$639.71	\$576.13
	Male 21-44	\$821.28	\$986.35	\$842.43	\$729.81	\$905.89	\$752.82	\$687.57	\$764.57
	Over 44	\$1,157.62	\$1,423.18	\$1,612.49	\$1,466.14	\$1,568.31	\$1,314.87	\$1,199.71	\$1,218.96
	Average	\$1,030.93	\$1,216.80	\$1,042.16	\$1,119.57	\$1,564.63	\$1,040.82	\$1,037.67	\$1,045.08
Low Income Families with Children	Under 1	\$362.31	\$523.90	\$565.55	\$608.72	\$591.87	\$476.26	\$521.28	\$409.39
	1-5	\$104.88	\$122.97	\$134.28	\$138.20	\$126.64	\$107.00	\$135.78	\$111.17
	6-14	\$92.00	\$107.46	\$119.14	\$122.55	\$123.54	\$110.64	\$138.20	\$102.43
	Female 15-20	\$171.51	\$246.20	\$250.61	\$263.08	\$249.84	\$252.18	\$302.45	\$211.89
	Female 21-44	\$592.15	\$537.84	\$558.77	\$591.18	\$528.31	\$518.85	\$605.27	\$586.18
	Male 15-20	\$128.77	\$136.70	\$154.63	\$141.46	\$154.18	\$140.24	\$162.91	\$136.54
	Male 21-44	\$340.78	\$394.06	\$365.93	\$426.97	\$392.03	\$368.56	\$469.55	\$390.47
	Over 44	\$635.66	\$721.45	\$785.70	\$896.26	\$770.07	\$667.75	\$732.38	\$681.68
	Average	\$171.09	\$261.11	\$269.38	\$239.22	\$259.74	\$228.05	\$267.20	\$195.63
Weighted Average		\$223.29	\$346.95	\$350.94	\$315.77	\$478.34	\$362.46	\$415.35	\$272.84

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells shaded in grey have additional BHH Adjustment

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid

Exhibit 9d

FY 2016 Capitation Rate Development

Kaiser Permanente Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment

With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,740.31	\$2,740.31	\$2,740.31	\$2,740.31	\$2,742.06	\$2,740.31	\$2,740.31	\$2,740.31
	1-5	\$1,930.67	\$1,153.15	\$1,241.20	\$984.18	\$1,118.55	\$753.68	\$839.62	\$1,928.84
	6-14	\$610.38	\$460.71	\$471.19	\$469.14	\$495.65	\$783.41	\$659.90	\$610.36
	Female 15-20	\$610.38	\$460.71	\$471.19	\$469.14	\$495.65	\$783.41	\$659.90	\$610.33
	Female 21-44	\$1,149.98	\$1,002.99	\$1,130.16	\$995.26	\$1,018.47	\$1,085.81	\$1,019.04	\$1,149.96
	Male 15-20	\$610.38	\$460.71	\$471.19	\$469.14	\$495.65	\$783.41	\$659.90	\$610.34
	Male 21-44	\$947.51	\$986.35	\$842.43	\$729.81	\$905.89	\$865.62	\$709.23	\$947.50
	Over 44	\$1,336.69	\$1,423.18	\$1,612.49	\$1,466.14	\$1,568.31	\$1,510.01	\$1,237.12	\$1,336.69
	Average	\$1,202.20	\$1,086.01	\$1,122.52	\$1,040.39	\$1,105.03	\$1,163.21	\$1,065.63	\$1,202.19
Low Income Families with Children	Under 1	\$400.94	\$523.90	\$565.55	\$574.90	\$591.87	\$540.95	\$528.51	\$400.94
	1-5	\$116.16	\$122.97	\$134.28	\$130.46	\$126.64	\$121.67	\$137.68	\$116.16
	6-14	\$101.90	\$107.46	\$119.14	\$115.68	\$123.54	\$125.80	\$140.13	\$101.90
	Female 15-20	\$189.86	\$246.20	\$250.61	\$248.42	\$249.84	\$286.52	\$306.65	\$189.86
	Female 21-44	\$655.11	\$537.84	\$558.77	\$558.37	\$528.31	\$589.20	\$613.65	\$655.11
	Male 15-20	\$142.59	\$136.70	\$154.63	\$133.54	\$154.18	\$159.41	\$165.18	\$142.59
	Male 21-44	\$377.03	\$394.06	\$365.93	\$403.26	\$392.03	\$418.55	\$476.06	\$377.04
	Over 44	\$703.24	\$721.45	\$785.70	\$846.53	\$770.07	\$758.27	\$742.53	\$703.24
	Average	\$272.11	\$348.82	\$366.83	\$376.39	\$367.06	\$375.05	\$388.80	\$272.11
Weighted Average		\$332.36	\$717.42	\$744.67	\$708.39	\$736.04	\$769.13	\$727.21	\$332.36

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid

Exhibit 9e

FY 2016 Capitation Rate Development

Optima Family Care Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment

With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,740.31	\$2,657.32	\$2,580.73	\$2,593.08	\$2,702.21	\$2,793.66	\$2,472.31	\$2,642.37
	1-5	\$1,930.67	\$1,117.93	\$1,168.38	\$930.71	\$1,102.17	\$768.59	\$756.36	\$1,054.80
	6-14	\$610.38	\$446.33	\$442.93	\$443.17	\$488.26	\$798.89	\$594.10	\$473.81
	Female 15-20	\$610.38	\$446.33	\$442.93	\$443.17	\$488.26	\$798.89	\$594.10	\$475.24
	Female 21-44	\$1,149.98	\$972.29	\$1,063.76	\$941.21	\$1,005.01	\$1,107.15	\$918.34	\$999.04
	Male 15-20	\$610.38	\$446.33	\$442.93	\$443.17	\$488.26	\$798.89	\$594.10	\$475.21
	Male 21-44	\$947.51	\$956.15	\$792.68	\$689.93	\$894.05	\$882.69	\$638.63	\$832.15
	Over 44	\$1,336.69	\$1,379.83	\$1,518.18	\$1,386.94	\$1,546.91	\$1,539.55	\$1,115.22	\$1,467.27
	Average	\$1,155.38	\$995.22	\$1,065.26	\$965.63	\$1,082.61	\$1,251.74	\$943.01	\$1,047.13
Low Income Families with Children	Under 1	\$400.94	\$519.84	\$545.82	\$567.59	\$595.74	\$524.23	\$519.67	\$564.83
	1-5	\$116.16	\$122.01	\$129.56	\$128.79	\$127.47	\$117.88	\$135.35	\$127.33
	6-14	\$101.90	\$106.62	\$114.95	\$114.20	\$124.35	\$121.89	\$137.77	\$118.82
	Female 15-20	\$189.86	\$244.29	\$241.84	\$245.25	\$251.47	\$277.64	\$301.51	\$250.19
	Female 21-44	\$655.11	\$533.68	\$539.30	\$551.28	\$531.75	\$571.02	\$603.40	\$539.71
	Male 15-20	\$142.59	\$135.63	\$149.21	\$131.83	\$155.18	\$154.46	\$162.40	\$147.95
	Male 21-44	\$377.03	\$391.02	\$353.17	\$398.14	\$394.58	\$405.63	\$468.10	\$390.91
	Over 44	\$703.24	\$715.87	\$758.33	\$835.79	\$775.10	\$734.88	\$730.12	\$771.64
	Average	\$238.73	\$221.25	\$227.55	\$229.71	\$241.77	\$251.45	\$267.98	\$235.50
Weighted Average		\$454.63	\$323.23	\$320.44	\$333.00	\$338.36	\$393.53	\$391.37	\$335.49

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells shaded in grey have additional BHH Adjustment

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid

Exhibit 9f

FY 2016 Capitation Rate Development

Virginia Premier Health Plan Medallion 3.0 Capitation Rates Net of Drug Reinsurance Adjustment With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$3,139.40	\$2,801.81	\$2,864.57	\$2,820.14	\$2,705.03	\$2,750.82	\$2,855.45	\$2,779.21
	1-5	\$2,212.57	\$1,179.25	\$1,297.90	\$1,013.16	\$1,103.32	\$756.62	\$875.39	\$986.47
	6-14	\$701.19	\$471.36	\$493.20	\$483.21	\$488.78	\$786.46	\$688.17	\$613.28
	Female 15-20	\$701.19	\$471.36	\$493.20	\$483.21	\$488.78	\$786.46	\$688.17	\$579.05
	Female 21-44	\$1,318.90	\$1,025.75	\$1,181.86	\$1,024.57	\$1,004.59	\$1,090.01	\$1,064.68	\$1,083.88
	Male 15-20	\$701.19	\$471.36	\$493.20	\$483.21	\$488.78	\$786.46	\$688.17	\$596.45
	Male 21-44	\$1,087.12	\$1,008.73	\$881.16	\$751.43	\$893.51	\$868.98	\$741.93	\$869.46
	Over 44	\$1,532.63	\$1,455.31	\$1,685.93	\$1,509.08	\$1,547.04	\$1,515.83	\$1,291.86	\$1,487.60
	Average	\$1,286.78	\$1,089.20	\$1,197.86	\$1,104.73	\$1,122.40	\$1,160.44	\$1,116.81	\$1,143.20
Low Income Families with Children	Under 1	\$403.55	\$541.24	\$563.52	\$581.65	\$547.81	\$554.69	\$563.02	\$547.40
	1-5	\$116.93	\$127.07	\$133.80	\$132.01	\$117.24	\$124.78	\$146.73	\$128.18
	6-14	\$102.58	\$111.05	\$118.71	\$117.05	\$114.37	\$129.02	\$149.34	\$121.99
	Female 15-20	\$191.11	\$254.37	\$249.71	\$251.34	\$231.26	\$293.81	\$326.71	\$266.58
	Female 21-44	\$659.37	\$555.62	\$556.76	\$564.92	\$489.04	\$604.14	\$653.66	\$577.22
	Male 15-20	\$143.52	\$141.26	\$154.07	\$135.12	\$142.72	\$163.49	\$176.02	\$153.73
	Male 21-44	\$379.49	\$407.09	\$364.61	\$408.00	\$362.91	\$429.17	\$507.10	\$418.96
	Over 44	\$707.81	\$745.29	\$782.88	\$856.46	\$712.79	\$777.50	\$790.93	\$772.02
	Average	\$224.82	\$222.82	\$236.79	\$240.98	\$225.12	\$246.48	\$287.36	\$240.95
Weighted Average		\$289.15	\$334.16	\$356.19	\$343.85	\$328.97	\$366.17	\$458.82	\$359.16

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells shaded in grey have additional BHH Adjustment

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid

Exhibit 9g

FY 2016 Capitation Rate Development

Summary of Medallion 3.0 Regional Average Capitation Rates Net of Drug Reinsurance Adjustment With Behavioral Health Home Adjustment, Physician Access Adjustment and CDPS Adjustments

Aid Category	Age Group	Region							FY 2016 Average
		Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Aged, Blind, and Disabled	Under 1	\$2,695.84	\$2,720.51	\$2,754.22	\$2,714.62	\$2,737.38	\$2,638.15	\$2,671.54	\$2,714.36
	1-5	\$1,950.07	\$1,148.67	\$1,238.59	\$982.30	\$1,117.89	\$752.86	\$842.19	\$1,149.17
	6-14	\$620.36	\$459.97	\$470.52	\$467.88	\$494.72	\$783.14	\$661.85	\$543.28
	Female 15-20	\$616.94	\$459.68	\$471.77	\$463.72	\$494.61	\$782.40	\$659.05	\$529.74
	Female 21-44	\$1,160.81	\$1,003.80	\$1,135.47	\$992.64	\$1,018.91	\$1,088.67	\$1,019.20	\$1,062.20
	Male 15-20	\$618.56	\$459.37	\$471.43	\$465.90	\$495.07	\$782.59	\$660.71	\$534.10
	Male 21-44	\$948.67	\$983.97	\$847.39	\$728.72	\$906.61	\$864.71	\$706.26	\$858.12
	Over 44	\$1,332.32	\$1,424.50	\$1,617.67	\$1,468.66	\$1,569.55	\$1,509.81	\$1,238.88	\$1,465.26
	Average	\$1,161.52	\$1,058.39	\$1,131.43	\$1,053.21	\$1,122.41	\$1,178.35	\$1,069.87	\$1,115.98
Low Income Families with Children	Under 1	\$398.86	\$521.66	\$564.86	\$575.10	\$591.11	\$537.70	\$527.75	\$518.38
	1-5	\$115.50	\$123.16	\$133.97	\$130.57	\$126.46	\$121.30	\$137.88	\$125.49
	6-14	\$101.98	\$107.85	\$118.93	\$115.74	\$123.53	\$126.67	\$140.27	\$116.62
	Female 15-20	\$190.28	\$246.48	\$250.79	\$248.36	\$250.09	\$286.80	\$306.20	\$245.41
	Female 21-44	\$657.60	\$537.29	\$559.72	\$558.05	\$528.46	\$588.72	\$613.15	\$571.45
	Male 15-20	\$142.79	\$137.17	\$154.60	\$133.41	\$154.37	\$159.57	\$165.07	\$149.70
	Male 21-44	\$376.95	\$393.33	\$366.19	\$403.35	\$392.03	\$418.37	\$474.76	\$399.14
	Over 44	\$705.36	\$720.42	\$787.92	\$846.17	\$772.15	\$757.90	\$748.33	\$760.90
	Average	\$200.55	\$222.85	\$241.90	\$237.84	\$244.79	\$246.82	\$271.43	\$233.43
Weighted Average		\$259.04	\$329.91	\$343.99	\$341.47	\$345.86	\$375.80	\$430.00	\$333.65

Note:

Average is weighted by health plan enrollment distribution as of March 2015

Cells bolded have additional Physician Access Adjustment

Virginia Medicaid
FY 2016 Capitation Rate Development
County Listing by Region

Exhibit 10

Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke-Alleghany	Far Southwest
Alexandria City	Amherst County	Albemarle County	Accomack County	Chesapeake City	Alleghany County	Bland County
Arlington County	Appomattox County	Amelia County	Augusta County	Gloucester County	Bath County	Bristol City
Clarke County	Campbell County	Caroline County	Brunswick County	Hampton City	Bedford City	Buchanan County
Fairfax City	Danville City	Charles City County	Buckingham County	Isle of Wight County	Bedford County	Carroll County
Fairfax County	Frederick County	Charlottesville City	Charlotte County	James City County	Botetourt County	Dickenson County
Falls Church City	Harrisonburg, City of	Chesterfield County	Culpeper County	Mathews County	Buena Vista City	Galax City
Fauquier County	Lynchburg City	Colonial Heights City	Emporia City	Newport News City	Clifton Forge City	Grayson County
Fredericksburg City	Pittsylvania County	Cumberland County	Essex County	Norfolk City	Covington City	Lee County
Loudoun County	Rockingham County	Dinwiddie County	Franklin City	Poquoson City	Craig County	Norton City
Manassas City	Winchester, City of	Fluvanna County	Greensville County	Portsmouth City	Floyd County	Russell County
Manassas Park City		Goochland County	Halifax County	Suffolk City	Franklin County	Scott County
Prince William County		Greene County	Lancaster County	Surry County	Giles County	Smyth County
Spotsylvania County		Hanover County	King George County	Virginia Beach City	Henry County	Tazewell County
Stafford County		Henrico County	Lunenburg County	Williamsburg City	Highland County	Washington County
Warren County		Hopewell City	Madison County	York County	Lexington City	Wise County
		King and Queen County	Mecklenburg County		Martinsville City	
		King William County	Middlesex County		Montgomery County	
		Louisa County	Northampton County		Patrick County	
		Nelson County	Northumberland County		Pulaski County	
		New Kent County	Nottoway County		Radford City	
		Petersburg City	Orange County		Roanoke City	
		Powhatan County	Page County		Roanoke County	
		Prince George County	Prince Edward County		Rockbridge County	
		Richmond City	Rappahannock County		Salem City	
		Sussex County	Richmond County		Wythe County	
			Shenandoah County			
			Southampton County			
			Staunton City			
			Waynesboro City			
			Westmoreland County			

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Adoption Assistance (AA)

Adoption Assistance / Foster Care Exhibit 1a

Child Under 21								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	4	32,190						
Service Type								
DME/Supplies	\$0	\$138,968	\$0.00	\$4.32	0	389	-	\$133.24
FQHC / RHC	\$0	\$9,292	\$0.00	\$0.29	0	82	-	\$42.24
Home Health	\$0	\$82,000	\$0.00	\$2.55	0	26	-	\$1,188.41
IP - Maternity	\$0	\$27,755	\$0.00	\$0.86	0	4	-	\$2,523.16
IP - Newborn	\$764	\$1,514	\$191.06	\$0.05	3,000	1	\$764.23	\$757.17
IP - Other	\$0	\$388,309	\$0.00	\$12.06	0	10	-	\$13,868.17
IP - Psych	\$66	\$597,047	\$16.59	\$18.55	0	322	-	\$690.23
Lab	\$2	\$56,671	\$0.50	\$1.76	0	1,116	-	\$18.92
OP - Emergency Room & Related	\$183	\$257,295	\$45.65	\$7.99	3,000	348	\$182.59	\$275.77
OP - Other	\$839	\$729,234	\$209.77	\$22.65	36,000	705	\$69.92	\$385.63
Pharmacy	\$0	\$3,958,557	\$0.00	\$122.97	0	11,840	-	\$124.64
Prof - Anesthesia	\$0	\$20,237	\$0.00	\$0.63	0	48	-	\$158.10
Prof - Child EPSDT	\$0	\$8,856	\$0.00	\$0.28	0	218	-	\$15.11
Prof - Evaluation & Management	\$296	\$750,515	\$74.03	\$23.32	12,000	4,170	\$74.03	\$67.09
Prof - Maternity	\$0	\$16,437	\$0.00	\$0.51	0	12	-	\$530.24
Prof - Other	\$6	\$491,442	\$1.56	\$15.27	6,000	2,349	\$3.12	\$78.01
Prof - Psych	\$98	\$361,128	\$24.43	\$11.22	6,000	1,997	\$48.86	\$67.41
Prof - Specialist	\$0	\$101,566	\$0.00	\$3.16	0	297	-	\$127.28
Prof - Vision	\$6	\$55,763	\$1.40	\$1.73	0	170	-	\$122.02
Radiology	\$76	\$40,181	\$19.12	\$1.25	3,000	504	\$76.47	\$29.74
Transportation/Ambulance	\$15	\$109,669	\$3.67	\$3.41	0	330	-	\$123.92
Total	\$2,351	\$8,202,436	\$587.76	\$254.81				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Historical Eligibility and Claims - Foster Care (FC)

Adoption Assistance / Foster Care Exhibit 1b

Child Under 21								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	1,687	24,635						
Service Type								
DME/Supplies	\$31,957	\$180,515	\$18.94	\$7.33	1,693	740	\$134.27	\$118.76
FQHC / RHC	\$2,941	\$10,551	\$1.74	\$0.43	377	127	\$55.49	\$40.58
Home Health	\$17,676	\$3,506	\$10.48	\$0.14	128	7	\$982.02	\$233.72
IP - Maternity	\$2,998	\$23,116	\$1.78	\$0.94	7	4	\$2,998.09	\$2,889.49
IP - Newborn	\$101,301	\$40,625	\$60.05	\$1.65	100	7	\$7,235.78	\$2,708.33
IP - Other	\$93,706	\$435,379	\$55.55	\$17.67	71	23	\$9,370.57	\$9,070.40
IP - Psych	\$27,163	\$635,674	\$16.10	\$25.80	92	470	\$2,089.45	\$659.41
Lab	\$8,717	\$70,311	\$5.17	\$2.85	7,853	2,171	\$7.90	\$15.78
OP - Emergency Room & Related	\$29,165	\$353,275	\$17.29	\$14.34	975	622	\$212.88	\$276.86
OP - Other	\$131,876	\$940,531	\$78.17	\$38.18	1,928	1,130	\$486.63	\$405.58
Pharmacy	\$292,619	\$2,875,611	\$173.46	\$116.73	20,074	15,579	\$103.69	\$89.91
Prof - Anesthesia	\$5,020	\$30,420	\$2.98	\$1.23	128	110	\$278.88	\$135.20
Prof - Child EPSDT	\$2,506	\$27,426	\$1.49	\$1.11	1,252	913	\$14.24	\$14.64
Prof - Evaluation & Management	\$92,713	\$994,494	\$54.96	\$40.37	8,842	6,536	\$74.59	\$74.12
Prof - Maternity	\$1,187	\$17,058	\$0.70	\$0.69	50	21	\$169.57	\$387.68
Prof - Other	\$75,865	\$1,117,388	\$44.97	\$45.36	5,178	4,176	\$104.21	\$130.35
Prof - Psych	\$99,874	\$1,152,048	\$59.20	\$46.76	10,684	8,234	\$66.49	\$68.16
Prof - Specialist	\$15,984	\$116,138	\$9.47	\$4.71	726	532	\$156.70	\$106.35
Prof - Vision	\$2,603	\$49,276	\$1.54	\$2.00	349	208	\$53.11	\$115.40
Radiology	\$3,898	\$56,662	\$2.31	\$2.30	1,252	701	\$22.15	\$39.38
Transportation/Ambulance	\$7,605	\$103,107	\$4.51	\$4.19	3,663	1,296	\$14.77	\$38.75
Total	\$1,047,373	\$9,233,111	\$620.85	\$374.80				

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Pharmacy Adjustment

Adoption Assistance / Foster Care Exhibit 2a

	Adoption Assistance	Foster Care	Source
1. Health Plan Total Drug Cost PMPM	\$122.96	\$120.36	FY13-14 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$121.55	\$118.48	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.5%	0.5%	From Plan Data
4. Current Average Managed Care Rebate	1.7%	1.7%	From Plan Data
5. FY16 Managed Care Dispensing Fee PMPM	\$1.32	\$1.78	From Plan Data
6. Average PBM Admin Cost PMPM	\$0.54	\$0.78	From Plan Data
7. Adjusted PMPM with FY16 Pharmacy Pricing Arrangements	\$120.82	\$118.50	$= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)$
8. Pharmacy Adjustment	-1.7%	-1.6%	$= (7.) / (1.) - 1$

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

Adoption Assistance / Foster Care Exhibit 2b

	Adoption Assistance	Foster Care	Source
1. Claims Associated with Exempt Infant Formula	\$2,923	\$3,288	FY13-14 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$138,968	\$212,472	FY13-14 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-2.1%	-1.5%	= (1.) / (2.)

**Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Hospital Inpatient Adjustments**

Adoption Assistance / Foster Care Exhibit 2c

	<u>Adoption Assistance</u>		<u>Foster Care</u>		<u>Source</u>
	<u>IP - Med/Surg</u>	<u>IP - Psych</u>	<u>IP - Med/Surg</u>	<u>IP - Psych</u>	
1a. FY13 Total Claims in IP Service Categories	\$764	\$66	\$198,005	\$27,163	FY13 Health Plan Encounter Data
1b. FY14 Total Claims in IP Service Categories	\$417,578	\$597,047	\$499,120	\$635,674	FY14 Health Plan Encounter Data
2. FY13-14 Hospital Capital Percentage	10.2%	10.2%	10.2%	10.2%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	0.0%	24.7%	0.0%	24.7%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	4.7%	-7.4%	4.7%	-7.4%	Provided by DMAS
4b. Dollar Change	\$32	(\$3)	\$8,300	(\$1,353)	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5. Hospital Inpatient Adjustment	0.0%	0.0%	1.2%	-0.2%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

Adoption Assistance / Foster Care Exhibit 2d

	Adoption Assistance	Foster Care	Source
1a. FY13 Total Claims in IP Service Categories	\$66	\$27,163	FY13 Health Plan Encounter Data
1b. FY14 Total Claims in IP Service Categories	\$597,047	\$635,674	FY14 Health Plan Encounter Data
2. FY13-14 Hospital Capital Percentage	3.9%	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	24.7%	24.7%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	-0.9%	-0.9%	Provided by DMAS
4b. Dollar Change	(\$0)	(\$58)	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5. Freestanding Psychiatric Hospital Rate Adjustment	0.00%	-0.01%	= ((4b.) + (5b.)) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
DME Fee Adjustment

Adoption Assistance / Foster Care Exhibit 2e

	Adoption Assistance	Foster Care	Source
1. Claims Associated with DME/Supplies Service Category	\$138,968	\$212,472	FY13-14 Health Plan Encounter Data
2. Proportion of Claims subject to change	\$10,689	\$24,823	Provided by DMAS
3a. FY15 DME Fee Change	-30.5%	-31.5%	Provided by DMAS
3b. Dollar Change	(\$3,264)	(\$7,825)	= (2.) * (3a.)
4. DME Fee Adjustment	-2.3%	-3.7%	= (3b.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care - Health Plan Encounter Data
Hepatitis C Treatment Adjustment

Exhibit 2f

	Adoption Assistance	Foster Care	Source
1. Total Claims in Pharmacy Service Categories	\$3,958,557	\$3,168,230	FY13-14 Health Plan Encounter Data
2. Unique Individuals in Base Period	6,130	5,444	FY13-14 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	0.2%	1.5%	FY13-14 Health Plan Encounter Data
3b. Number of Individuals Being Tested	13	84	FY13-14 Health Plan Encounter Data
3c. Projected Testing Change in FY15	15%	35%	Estimate
3d. Additional Number of People Being Tested	2	29	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$61.70	\$61.70	FY13-14 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.10%	0.2%	FY13-14 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	6	12	FY13-14 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	6	13	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.0%	0.0%	FY13-14 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	0	0	FY13-14 Health Plan Encounter Data
5c. Increase in Proportion of Hepatitis C Receiving Drug Therapy	30%	30%	Estimate
5d. Projected Number of Additional People Going Through Drug Therapy	0	0	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e. Average Cost of Current Drug Therapy	\$60,000	\$60,000	FY13-14 Health Plan Encounter Data
5f. Average Cost of New Drug Therapy	\$90,000	\$90,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$120	\$1,814	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7. Hepatitis C Treatment Adjustment	0.0%	0.1%	= (6.) / (1.)

Note: Based on analysis of FY13 - FY14 base data experience

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Provider Incentive Payment Adjustment

Adoption Assistance / Foster Care Exhibit 2g

	Adoption Assistance	Foster Care	Source
Provider Incentive Payment Adjustment	0.5%	0.5%	From Plan Data - LIFC Child

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Emergency Room Triage Adjustment

Adoption Assistance / Foster Care Exhibit 2h

	Adoption Assistance	Foster Care	Source
1. Total Claims in Prof - Evaluation & Management	\$750,811	\$1,087,207	FY13-14 Health Plan Encounter Data
2. FY13-14 Number of Claims in ER Triage Level 3	126	159	FY13-14 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$44.67	\$44.67	FY13-14 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (2 years)	\$2,849	\$3,595	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.4%	0.3%	= (5.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Resource Based Relative Value Scale Adjustment

Adoption Assistance / Foster Care Exhibit 2i

	Adoption Assistance / Foster Care	Source
1. Professional Fee Adjustment - Effective FY16	-0.2%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	89%	FY13-14 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.2%	= (1.) * (2.)

**Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Administrative Cost Adjustment**

Adoption Assistance / Foster Care Exhibit 2j

	Adoption Assistance	Foster Care	Source
1. Claims Adjustment Expense PMPM	\$6.84	\$10.57	Expense from CY2014 BOI Reports; CY2014 Member months from capitation payment files
2. General Admin Expense PMPM	\$12.02	\$18.59	Expense from CY2014 BOI Reports; CY2014 Member months from capitation payment files
3. Claims Adjustment Expense Increase %	0.8%	0.8%	BLS CPI-U
4. General Admin Expense Increase %	2.6%	2.6%	Weighted average of BLS Compensation Trend and CPI
5a. Administrative PMPM*	\$19.42	\$30.02	$= (1.) * (1 + (3.)) ^ (18 \text{ months}/12) + (2.) * (1 + (4.)) ^ (18 \text{ months}/12)$
5b. Administrative PMPM Weighted by Claims	\$16.29	\$27.79	Reallocation of administrative costs weighted by claims
6. Adjusted and Trended Base PMPM	\$280.80	\$434.15	Weighted average of medical component of FY2016 Med3.0 Base Rates
7. Administrative allowance as % of Base Capitation Rate	5.40%	5.93%	$= (5b.) / (((5b.) + (6.)) / (1 - 1.5\%))$
8. Contribution to Reserves as % of Base Capitation Rate	1.50%	1.50%	Provided by DMAS
9. Administrative Factor as % of Base Capitation Rate	6.9%	7.4%	$= (7.) + (8.)$

*Note:

Administrative increases are applied from midpoint of CY2014 to the midpoint of the contract period (18 months) using compound interest calculations.

Virginia Medicaid

FY 2016 Capitation Rate Development

Health Plan Encounter Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Adoption Assistance

Adoption Assistance / Foster Care Exhibit 3a

Adoption Assistance Child Under 21								
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	3.1%	0.0%	3.1%	9.0%	-1.9%	7.0%	0.8%	1.0826
Inpatient Psychiatric	1.2%	0.0%	1.2%	-1.6%	23.9%	21.9%	19.0%	1.5814
Outpatient Hospital	1.0%	0.0%	1.0%	0.3%	-4.3%	-4.0%	0.8%	0.9711
Practitioner	1.4%	0.0%	1.4%	10.4%	-4.6%	5.3%	4.2%	1.1206
Prescription Drug	0.0%	-1.7%	-1.7%	10.1%	-7.8%	1.6%	3.1%	1.0632
Other	1.0%	-1.8%	-0.8%	3.2%	-7.9%	-5.0%	0.6%	0.9586
Weighted Average²	0.7%	-0.9%	-0.2%	7.7%	-4.0%	3.2%	4.0%	1.0987

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of LIFC Child health plan data.

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

FY 2016 Capitation Rate Development

Health Plan Encounter Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Foster Care

Adoption Assistance / Foster Care Exhibit 3b

Category of Service	Foster Care Child Under 21							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	3.1%	1.2%	4.3%	9.0%	-1.9%	7.0%	0.8%	1.0826
Inpatient Psychiatric	1.2%	-0.2%	1.0%	-1.6%	23.9%	21.9%	19.0%	1.5814
Outpatient Hospital	1.0%	0.0%	1.0%	0.3%	-4.3%	-4.0%	0.8%	0.9711
Practitioner	1.4%	-0.1%	1.4%	10.4%	-4.6%	5.3%	4.2%	1.1206
Prescription Drug	0.0%	-1.5%	-1.5%	10.1%	-7.8%	1.6%	3.1%	1.0632
Other	1.0%	-2.4%	-1.4%	3.2%	-7.9%	-5.0%	0.6%	0.9586
Weighted Average²	1.0%	-0.5%	0.5%	7.7%	-3.6%	3.6%	3.9%	1.1016

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of LIFC Child health plan data.

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Adoption Assistance (AA)

Adoption Assistance / Foster Care Exhibit 4a

Child Under 21							
Statewide	Total Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type							
DME/Supplies	\$138,968	\$1,441	(\$6,251)	\$134,158	0.959	\$128,599	\$3.99
FQHC / RHC	\$9,292	\$132.57		\$9,424	1.121	\$10,561	\$0.33
Home Health	\$82,000	\$846.66		\$82,847	0.971	\$80,448	\$2.50
IP - Maternity	\$27,755	\$865	\$2	\$28,622	1.083	\$30,987	\$0.96
IP - Newborn	\$2,279	\$71	\$0	\$2,350	1.083	\$2,544	\$0.08
IP - Other	\$388,309	\$12,106	\$31	\$400,445	1.083	\$433,532	\$13.47
IP - Psych	\$597,114	\$4,502	(\$3)	\$601,613	1.581	\$951,381	\$29.55
Lab	\$56,673	\$403		\$57,076	0.959	\$54,711	\$1.70
OP - Emergency Room & Related	\$257,477	\$2,658		\$260,136	0.971	\$252,605	\$7.85
OP - Other	\$730,074	\$7,538		\$737,612	0.971	\$716,259	\$22.25
Pharmacy	\$3,958,557	\$43	(\$68,910)	\$3,889,690	1.063	\$4,135,564	\$128.46
Prof - Anesthesia	\$20,237	\$289		\$20,525	1.121	\$23,002	\$0.71
Prof - Child EPSDT	\$8,856	\$126	(\$15)	\$8,968	1.121	\$10,049	\$0.31
Prof - Evaluation & Management	\$750,811	\$10,615	\$1,630	\$763,057	1.121	\$855,115	\$26.56
Prof - Maternity	\$16,437	\$235	(\$28)	\$16,644	1.121	\$18,653	\$0.58
Prof - Other	\$491,449	\$7,032	(\$824)	\$497,657	1.121	\$557,696	\$17.32
Prof - Psych	\$361,226	\$3,129	(\$602)	\$363,753	1.121	\$407,638	\$12.66
Prof - Specialist	\$101,566	\$1,449	(\$170)	\$102,845	1.121	\$115,252	\$3.58
Prof - Vision	\$55,768	\$239	(\$93)	\$55,915	1.121	\$62,661	\$1.95
Radiology	\$40,257	\$418		\$40,675	0.959	\$38,989	\$1.21
Transportation/Ambulance	\$109,684	\$212		\$109,895	0.959	\$105,342	\$3.27
Provider Incentive Payment Adjustment							\$1.50
Total	\$8,204,787	\$54,351	(\$75,233)	\$8,183,905		\$8,991,589	\$280.80
Admin Cost Adjustment							\$20.81
Medallion 3.0 Capitation Rate							\$301.61

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Foster Care (FC)

Adoption Assistance / Foster Care Exhibit 4b

Child Under 21							
Statewide	Total Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type							
DME/Supplies	\$212,472	\$2,204	(\$11,228)	\$203,447	0.959	\$195,018	\$7.41
FQHC / RHC	\$13,492	\$192.49		\$13,684	1.121	\$15,335	\$0.58
Home Health	\$21,182	\$218.71		\$21,401	0.971	\$20,781	\$0.79
IP - Maternity	\$26,114	\$814	\$321	\$27,249	1.083	\$29,500	\$1.12
IP - Newborn	\$141,926	\$4,425	\$1,742	\$148,093	1.083	\$160,329	\$6.09
IP - Other	\$529,085	\$16,495	\$6,496	\$552,075	1.083	\$597,691	\$22.71
IP - Psych	\$662,837	\$4,791	(\$1,421)	\$666,207	1.581	\$1,053,528	\$40.02
Lab	\$79,028	\$665		\$79,694	0.959	\$76,392	\$2.90
OP - Emergency Room & Related	\$382,440	\$3,949		\$386,389	0.971	\$375,203	\$14.25
OP - Other	\$1,072,407	\$11,073		\$1,083,480	0.971	\$1,052,115	\$39.97
Pharmacy	\$3,168,230	\$35	(\$47,294)	\$3,120,970	1.063	\$3,318,253	\$126.06
Prof - Anesthesia	\$35,440	\$506		\$35,945	1.121	\$40,282	\$1.53
Prof - Child EPSDT	\$29,932	\$427	(\$50)	\$30,309	1.121	\$33,966	\$1.29
Prof - Evaluation & Management	\$1,087,207	\$15,432	\$1,823	\$1,104,462	1.121	\$1,237,710	\$47.02
Prof - Maternity	\$18,245	\$260	(\$31)	\$18,475	1.121	\$20,703	\$0.79
Prof - Other	\$1,193,253	\$17,048	(\$2,000)	\$1,208,300	1.121	\$1,354,075	\$51.44
Prof - Psych	\$1,251,923	\$10,395	(\$2,086)	\$1,260,231	1.121	\$1,412,271	\$53.65
Prof - Specialist	\$132,122	\$1,885	(\$221)	\$133,786	1.121	\$149,926	\$5.70
Prof - Vision	\$51,879	\$279	(\$86)	\$52,071	1.121	\$58,353	\$2.22
Radiology	\$60,560	\$628		\$61,188	0.959	\$58,653	\$2.23
Transportation/Ambulance	\$110,712	\$382		\$111,094	0.959	\$106,491	\$4.05
Provider Incentive Payment Adjustment							\$2.33
Total	\$10,280,485	\$92,102	(\$54,036)	\$10,318,551		\$11,366,576	\$434.15
Admin Cost Adjustment							\$34.83
Medallion 3.0 Capitation Rate							\$468.98

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-For-Service Data
Historical Eligibility and Claims - Adoption Assistance (AA)

Adoption Assistance / Foster Care Exhibit 1a

Child Under 21								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	62,352	36,659						
Service Type								
DME/Supplies	\$566,102	\$282,775	\$9.08	\$7.71	691	570	\$157.56	\$162.51
FQHC / RHC	\$112,611	\$67,128	\$1.81	\$1.83	300	300	\$72.33	\$73.12
Home Health	\$443,040	\$192,673	\$7.11	\$5.26	237	44	\$359.03	\$1,448.67
IP - Maternity	\$25,460	\$19,392	\$0.41	\$0.53	2	3	\$2,314.57	\$2,424.04
IP - Newborn	\$329,393	\$264,205	\$5.28	\$7.21	6	6	\$11,358.39	\$15,541.46
IP - Other	\$2,193,582	\$1,168,499	\$35.18	\$31.87	29	24	\$14,527.03	\$16,006.84
IP - Psych	\$1,060,246	\$646,286	\$17.00	\$17.63	302	267	\$674.89	\$792.02
Lab	\$278,245	\$147,708	\$4.46	\$4.03	3,478	3,065	\$15.40	\$15.77
OP - Emergency Room	\$457,503	\$258,765	\$7.34	\$7.06	413	355	\$213.39	\$238.93
OP - Other	\$930,801	\$602,357	\$14.93	\$16.43	727	802	\$246.24	\$245.76
Pharmacy	\$8,356,091	\$5,807,107	\$134.02	\$158.41	12,620	13,484	\$127.43	\$140.97
Prof - Anesthesia	\$37,190	\$22,455	\$0.60	\$0.61	51	52	\$139.29	\$140.35
Prof - Child EPSDT	\$25,574	\$13,468	\$0.41	\$0.37	370	320	\$13.31	\$13.77
Prof - Evaluation & Management	\$1,455,306	\$954,585	\$23.34	\$26.04	4,424	4,875	\$63.30	\$64.10
Prof - Maternity	\$23,845	\$17,108	\$0.38	\$0.47	5	6	\$917.10	\$1,006.36
Prof - Other	\$719,029	\$406,312	\$11.53	\$11.08	2,266	2,476	\$61.07	\$53.72
Prof - Psych	\$719,976	\$267,063	\$11.55	\$7.29	2,672	1,883	\$51.85	\$46.43
Prof - Specialist	\$199,944	\$121,866	\$3.21	\$3.32	255	268	\$151.02	\$148.98
Prof - Vision	\$181,065	\$130,437	\$2.90	\$3.56	600	732	\$58.11	\$58.36
Radiology	\$148,620	\$75,258	\$2.38	\$2.05	657	612	\$43.53	\$40.25
Transportation/Ambulance	\$48,194	\$32,531	\$0.77	\$0.89	85	77	\$109.04	\$137.84
Non-ER Transportation	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Total	\$18,311,815	\$11,497,979	\$293.68	\$313.64				

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-For-Service Data
Historical Eligibility and Claims - Foster Care (FC)

Adoption Assistance / Foster Care Exhibit 1b

Child Under 21								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	56,700	34,363						
Service Type								
DME/Supplies	\$483,798	\$256,830	\$8.53	\$7.47	739	638	\$138.47	\$140.57
FQHC / RHC	\$160,825	\$101,311	\$2.84	\$2.95	477	518	\$71.35	\$68.36
Home Health	\$18,616	\$8,948	\$0.33	\$0.26	19	3	\$209.17	\$994.25
IP - Maternity	\$102,840	\$54,645	\$1.81	\$1.59	8	7	\$2,570.99	\$2,602.12
IP - Newborn	\$380,395	\$801,488	\$6.71	\$23.32	13	15	\$6,235.98	\$18,215.63
IP - Other	\$1,194,585	\$1,230,065	\$21.07	\$35.80	37	46	\$6,905.12	\$9,248.61
IP - Psych	\$1,814,871	\$963,256	\$32.01	\$28.03	552	461	\$696.42	\$730.29
Lab	\$491,214	\$343,093	\$8.66	\$9.98	6,334	6,854	\$16.41	\$17.48
OP - Emergency Room	\$648,227	\$461,452	\$11.43	\$13.43	682	707	\$201.13	\$227.99
OP - Other	\$1,302,780	\$806,491	\$22.98	\$23.47	1,117	1,211	\$246.93	\$232.49
Pharmacy	\$10,030,306	\$7,088,076	\$176.90	\$206.27	16,471	18,936	\$128.88	\$130.72
Prof - Anesthesia	\$58,684	\$35,241	\$1.03	\$1.03	97	94	\$127.57	\$131.50
Prof - Child EPSDT	\$58,100	\$33,409	\$1.02	\$0.97	975	931	\$12.61	\$12.53
Prof - Evaluation & Management	\$2,253,702	\$1,735,552	\$39.75	\$50.51	7,298	8,934	\$65.36	\$67.84
Prof - Maternity	\$73,720	\$30,609	\$1.30	\$0.89	23	16	\$670.18	\$680.19
Prof - Other	\$1,386,025	\$871,968	\$24.45	\$25.37	3,883	4,448	\$75.54	\$68.46
Prof - Psych	\$2,064,929	\$804,116	\$36.42	\$23.40	8,773	6,353	\$49.81	\$44.20
Prof - Specialist	\$256,283	\$167,593	\$4.52	\$4.88	410	435	\$132.45	\$134.40
Prof - Vision	\$214,996	\$167,147	\$3.79	\$4.86	772	989	\$58.92	\$59.04
Radiology	\$441,829	\$335,549	\$7.79	\$9.76	1,293	1,473	\$72.32	\$79.55
Transportation/Ambulance	\$72,114	\$65,105	\$1.27	\$1.89	148	192	\$103.32	\$118.16
Non-ER Transportation	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Total	\$23,508,837	\$16,361,944	\$414.62	\$476.15				

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-for-Service Data - Foster Care and Adoption Assistance
Pharmacy Adjustment

Adoption Assistance / Foster Care Exhibit 2a

	Adoption Assistance	Foster Care	Source
1a. Member Months	99,011	91,063	FY13-14 Foster Care and Adoption Assistance FFS Data
1b. FFS Scripts	124,636	108,301	FY13-14 Foster Care and Adoption Assistance FFS Data
1c. FFS Net Payments	\$14,163,198	\$17,118,382	FY13-14 Foster Care and Adoption Assistance FFS Data
2a. FFS Annual Utilization per 1000 Members	15,106	14,272	= (1b.) / (1a.) * 12000
2b. All MCO Annual Utilization per 1000 Members	11,839	15,867	FY13-14 MCO Foster Care
3. FFS Net Cost PMPM	\$143.05	\$187.98	= (1c.) / (1a.)
4. FFS Net Cost per Script	\$113.64	\$158.06	= (1c.) / (1b.)
5. Average FFS Copayment per Script	\$0.00	\$0.00	FY13-14 FFS Data
6. Average FFS value of Dispensing Fees	\$3.57	\$3.51	FY13-14 FFS Data
7. FFS Ingredient Cost per Script	\$110.06	\$154.55	= (4.) + (5.) - (6.)
8. Average MCO Rebate	1.7%	1.7%	From MCO Plan Data
9. FFS Ingredient Cost per Script with Rebate	\$108.20	\$151.94	= (7.) * (1 - (8.))
10. Brand-Generic Improvement Adjustment	1.000	1.000	Assumes a shift to MCO Brand-Generic Mix in 3 years
11. Adjusted FFS Ingredient Cost per Script with Brand- Generic Improvement Adjustment	\$108.20	\$151.94	= (9.) * (10.)
12. MCO Average Dispensing Fees	\$1.34	\$1.34	From MCO Plan Data
13. Adjusted Cost per Script	\$109.55	\$153.28	= (11.) + (12.)
14. MCO Average PBM Admin Cost PMPM	\$1.32	\$1.78	From MCO Plan Data
15. Adjusted Cost PMPM	\$139.22	\$184.07	= (13.) * (1b.) / (1a.) + (14.)
16. Pharmacy Adjustment Factor	-2.7%	-2.1%	= (15.) / (3.) - 1

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data and Fee-for-Service Data
Exempt Infant Formula Carveout Adjustment

Adoption Assistance / Foster Care Exhibit 2b

	Adoption Assistance	Foster Care	Source
1. Claims Associated with Exempt Infant Formula	\$2,923	\$3,288	FY13-14 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$138,968	\$212,472	FY13-14 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-2.1%	-1.5%	= - (1.) / (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data and Fee-for-Service Data
Hospital Inpatient Adjustments

Adoption Assistance / Foster Care Exhibit 2c

	<u>Adoption Assistance</u>		<u>Foster Care</u>		Source
	IP - Med/Surg	IP - Psych	IP - Med/Surg	IP - Psych	
1a. FY13 Total Claims in IP Service Categories	\$2,548,435	\$1,060,246	\$1,677,819	\$1,814,871	FY13 FFS Data
1b. FY14 Total Claims in IP Service Categories	\$1,452,096	\$646,286	\$2,086,197	\$963,256	FY14 FFS Data
2. FY13-14 Hospital Capital Percentage	10.2%	10.2%	10.2%	10.2%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	0.0%	24.7%	0.0%	24.7%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	4.7%	-7.4%	4.7%	-7.4%	Provided by DMAS
4b. Dollar Change	\$106,826	(\$52,796)	\$70,331	(\$90,374)	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5. Hospital Inpatient Adjustment	2.7%	-3.1%	1.9%	-3.3%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data and Fee-for-Service Data
Freestanding Psychiatric Hospital Rate Adjustment

Adoption Assistance / Foster Care Exhibit 2d

	Adoption Assistance	Foster Care	Source
1a. FY13 Total Claims in IP Service Categories	\$1,060,246	\$1,814,871	FY13 FFS Data
1b. FY14 Total Claims in IP Service Categories	\$646,286	\$963,256	FY14 FFS Data
2. FY13-14 Hospital Capital Percentage	3.9%	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	24.7%	24.7%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	-0.9%	-0.9%	Provided by DMAS
4b. Dollar Change	(\$2,259)	(\$3,867)	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5. Freestanding Psychiatric Hospital Rate Adjustment	-0.1%	-0.1%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-for-Service Data - Foster Care and Adoption Assistance
Non-ER Transportation Adjustment

Adoption Assistance / Foster Care Exhibit 2e

	Adjustment Value	Source
Non-ER Transportation Rate	\$2.51	From DMAS - Rates Effective October 1, 2014

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
DME Fee Adjustment

Adoption Assistance / Foster Care Exhibit 2f

	Adoption Assistance	Foster Care	Source
1. Claims Associated with DME/Supplies Service Category	\$138,968	\$212,472	FY13-14 Health Plan Encounter Data
2. Dollar savings from DME Fee Change	\$10,689	\$24,823	Provided by DMAS
3a. FY15 DME Fee Change	-30.5%	-31.5%	Provided by DMAS
3b. Dollar Change	(\$3,264)	(\$7,825)	= (2.) * (3a.)
4. DME Fee Adjustment	-2.3%	-3.7%	(3b.)/(1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care - Fee-for-Service Data
Hepatitis C Treatment Adjustment

Exhibit 2g

	Adoption Assistance	Foster Care	Source
1. Total Claims in Pharmacy Service Categories	\$5,807,107	\$17,118,382	FY13-14 Foster Care and Adoption Assistance FFS Data
2. Unique Individuals in Base Period	10,161	11,892	FY13-14 Foster Care and Adoption Assistance FFS Data
3a. Proportion of Population Being Tested for Hepatitis C	1.4%	4.0%	FY13-14 Foster Care and Adoption Assistance FFS Data
3b. Number of Individuals Being Tested	144	470	FY13-14 Foster Care and Adoption Assistance FFS Data
3c. Projected Testing Change in FY15	15%	35%	Estimate
3d. Additional Number of People Being Tested	22	165	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$22.46	\$22.46	FY13-14 Foster Care and Adoption Assistance FFS Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.11%	0.2%	FY13-14 Foster Care and Adoption Assistance FFS Data
4b. Number of Individuals Diagnosed With Hepatitis C	11	28	FY13-14 Foster Care and Adoption Assistance FFS Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	12	29	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.0%	3.6%	FY13-14 Foster Care and Adoption Assistance FFS Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	0	1	FY13-14 Foster Care and Adoption Assistance FFS Data
5c. Increase in Proportion of Hepatitis C Receiving Drug Therapy	30%	30%	Estimate
5d. Projected Number of Additional People Going Through Drug Therapy	0	0	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e. Average Cost of Current Drug Therapy	\$60,000	\$60,000	FY13-14 Foster Care and Adoption Assistance FFS Data
5f. Average Cost of New Drug Therapy	\$90,000	\$90,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$485	\$66,544	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7. Hepatitis C Treatment Adjustment	0.0%	0.4%	= (6.) / (1.)

Note: Based on analysis of FY13 - FY14 base data experience

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-for-Service Data - Foster Care and Adoption Assistance
Lab Fee Adjustment

Adoption Assistance / Foster Care Exhibit 2h

	Foster Care / Adoption Assistance	Source
1. Lab Fee Adjustment	-12.0%	Provided by DMAS - Rates Effective FY15

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-for-Service Data - Foster Care and Adoption Assistance
Emergency Room Triage Adjustment

Adoption Assistance / Foster Care Exhibit 2i

	Adoption Assistance	Foster Care	Source
1. Total Claims in Prof - Evaluation & Management	\$2,409,891	\$3,989,254	FY13-14 Foster Care and Adoption Assistance FFS Data
2. FY13-14 Number of Claims in ER Triage Level 3	822	1,469	FY13-14 Foster Care and Adoption Assistance FFS Data
3. ER Cost No Triage Level 3	\$43.57	\$43.57	Provided by DMAS
4. ER Triage Cost	\$22.06	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (2 years)	\$17,681	\$31,598	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.7%	0.8%	= (5.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-for-Service Data - Foster Care and Adoption Assistance
Resource Based Relative Value Scale Adjustment

Adoption Assistance / Foster Care Exhibit 2j

	Adoption Assistance / Foster Care	Source
1. Professional Fee Adjustment - Effective FY16	0.5%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	89%	FY13-14 Foster Care and Adoption Assistance FFS Data
3. Final Professional Fee Adjustment	0.5%	= (1.) * (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
Fee-for-Service Data - Foster Care and Adoption Assistance
Managed Care Savings Adjustment

Adoption Assistance / Foster Care Exhibit 2k

Service Category	Adoption Assistance	Foster Care	Source
All Service Categories	-10.0%	0.0%	Additional expected managed care savings / Excludes Pharmacy

Virginia Medicaid
FY 2016 Capitation Rate Development
Health Plan Encounter Data
Administrative Cost Adjustment

Adoption Assistance / Foster Care Exhibit 2I

	Adoption Assistance	Foster Care	Source
1. Administrative allowance as % of Base Capitation Rate	5.40%	5.93%	As applied for AA and FC Rates
2. Contribution to Reserves as % of Base Capitation Rate	1.50%	1.50%	Provided by DMAS
3. Administrative Factor as % of Base Capitation Rate	6.9%	7.4%	= (1.) + (2.)

*Note:

Administrative increases are applied from midpoint of CY2014 to the midpoint of the contract period (18 months) using compound interest calculations

Virginia Medicaid

FY 2016 Capitation Rate Development

Fee-For-Service Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Adoption Assistance

Adoption Assistance / Foster Care Exhibit 3a

Adoption Assistance Child Under 21								
Category of Service	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	3.1%	2.7%	5.9%	9.0%	-1.9%	7.0%	0.8%	1.0826
Inpatient Psychiatric	1.2%	-3.2%	-2.0%	-1.6%	23.9%	21.9%	19.0%	1.5814
Outpatient Hospital	1.0%	0.0%	1.0%	0.3%	-4.3%	-4.0%	0.8%	0.9711
Practitioner	1.4%	0.8%	2.2%	10.4%	-4.6%	5.3%	4.2%	1.1206
Prescription Drug	0.0%	-2.7%	-2.7%	10.1%	-7.8%	1.6%	3.1%	1.0632
Other	1.0%	-5.6%	-4.7%	3.2%	-7.9%	-5.0%	0.6%	0.9586
Weighted Average²	0.9%	-1.3%	-0.3%	8.0%	-4.2%	3.3%	3.5%	1.0916

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibit 4A. Managed care savings adjustment are excluded.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for the Adoption Assistance population are calculated based on regression studies of LIFC Child health plan data

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

FY 2016 Capitation Rate Development

Fee-For-Service Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Foster Care

Adoption Assistance / Foster Care Exhibit 3b

Category of Service	Foster Care Child Under 21							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical	3.1%	1.9%	5.0%	9.0%	-1.9%	7.0%	0.8%	1.0826
Inpatient Psychiatric	1.2%	-3.4%	-2.2%	-1.6%	23.9%	21.9%	19.0%	1.5814
Outpatient Hospital	1.0%	0.0%	1.0%	0.3%	-4.3%	-4.0%	0.8%	0.9711
Practitioner	1.4%	0.7%	2.2%	10.4%	-4.6%	5.3%	4.2%	1.1206
Prescription Drug	0.0%	-1.7%	-1.7%	10.1%	-7.8%	1.6%	3.1%	1.0632
Other	1.0%	-5.6%	-4.6%	3.2%	-7.9%	-5.0%	0.6%	0.9586
Weighted Average²	1.0%	-0.9%	0.1%	7.9%	-3.5%	3.9%	4.0%	1.1060

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibit 4B. Managed care savings adjustment are excluded.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for the Foster Care population are calculated based on regression studies of LIFC Child health plan data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

FY 2016 Capitation Rate Development

Capitation Rate Calculations - Fee-for-Service Data

Adoption Assistance

Adoption Assistance / Foster Care Exhibit 4a

Child Under 21										
Statewide	Total Base Claims FY13-14	Base Claims Redistribution FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments	Policy and Program Adjustments ¹	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	Managed Care Utilization Adjustment	PMPM FY16
Service Type										
DME/Supplies	\$848,877	\$47,908	\$896,784	\$9,300.64	(\$40,342)	\$865,744	0.959	\$829,872	0.900	\$7.54
FQHC / RHC	\$179,738	\$10,144	\$189,882	\$2,709		\$192,591	1.121	\$215,826	0.900	\$1.96
Home Health	\$635,713	\$35,878	\$671,591	\$6,934		\$678,525	0.971	\$658,883	0.900	\$5.99
IP - Maternity	\$44,853	\$2,531	\$47,384	\$1,477	\$1,305	\$50,166	1.083	\$54,311	0.900	\$0.49
IP - Newborn	\$593,598	\$33,501	\$627,099	\$19,550	\$17,267	\$663,917	1.083	\$718,773	0.900	\$6.53
IP - Other	\$3,362,081	\$189,745	\$3,551,825	\$110,732	\$97,801	\$3,760,358	1.083	\$4,071,059	0.900	\$37.01
IP - Psych	\$1,706,532	\$96,311	\$1,802,843	\$22,391	(\$58,885)	\$1,766,349	1.581	\$2,793,276	0.900	\$25.39
Lab	\$425,953	\$24,039	\$449,993	\$4,667	(\$54,559)	\$400,101	0.959	\$383,523	0.900	\$3.49
OP - Emergency Room & Related	\$716,268	\$40,424	\$756,692	\$7,813		\$764,505	0.971	\$742,374	0.900	\$6.75
OP - Other	\$1,533,158	\$86,526	\$1,619,684	\$16,723		\$1,636,408	0.971	\$1,589,036	0.900	\$14.44
Pharmacy	\$14,163,198	\$799,324	\$14,962,522	\$163	(\$398,909)	\$14,563,776	1.063	\$15,484,379	1.000	\$156.39
Prof - Anesthesia	\$59,645	\$3,366	\$63,011	\$899		\$63,910	1.121	\$71,621	0.900	\$0.65
Prof - Child EPSDT	\$39,042	\$2,203	\$41,245	\$588	\$192	\$42,026	1.121	\$47,097	0.900	\$0.43
Prof - Evaluation & Management	\$2,409,891	\$136,006	\$2,545,897	\$36,323	\$30,824	\$2,613,044	1.121	\$2,928,294	0.900	\$26.62
Prof - Maternity	\$40,953	\$2,311	\$43,264	\$617	\$202	\$44,083	1.121	\$49,401	0.900	\$0.45
Prof - Other	\$1,125,341	\$63,510	\$1,188,851	\$16,962	\$5,547	\$1,211,360	1.121	\$1,357,504	0.900	\$12.34
Prof - Psych	\$987,039	\$55,705	\$1,042,745	\$14,877	\$4,865	\$1,062,487	1.121	\$1,190,670	0.900	\$10.82
Prof - Specialist	\$321,810	\$18,162	\$339,972	\$4,851	\$1,586	\$346,408	1.121	\$388,201	0.900	\$3.53
Prof - Vision	\$311,502	\$17,580	\$329,082	\$4,695	\$1,535	\$335,313	1.121	\$375,766	0.900	\$3.42
Radiology	\$223,878	\$12,635	\$236,513	\$2,453		\$238,966	0.959	\$229,065	0.900	\$2.08
Transportation/Ambulance	\$80,724	\$4,556	\$85,280	\$884		\$86,165	0.959	\$82,595	0.900	\$0.75
Non-ER Transportation	\$0	\$0	\$0	\$0		\$0	1.000	\$0	0.900	\$2.51
Total	\$29,809,794	\$1,682,365	\$31,492,160	\$285,611	(\$391,570)	\$31,386,201		\$34,261,525		\$329.58
Admin Cost Adjustment										\$24.25
Medallion 3.0 Capitation Rate										\$353.83

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Adoption Assistance / Foster Care Exhibit 4b

FY 2016 Capitation Rate Development

Capitation Rate Calculations - Fee-for-Service Data

Foster Care

Child Under 21										
Statewide	Total Base Claims FY13-14	Base Claims Redistribution FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments	Policy and Program Adjustments ¹	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	Managed Care Utilization Adjustment	PMPM FY16
Service Type										
DME/Supplies	\$740,628	\$41,681	\$782,309	\$8,113	(\$41,340)	\$749,082	0.959	\$718,045	1.000	\$7.89
FQHC / RHC	\$262,136	\$14,794	\$276,930	\$3,951		\$280,881	1.121	\$314,768	1.000	\$3.46
Home Health	\$27,565	\$1,556	\$29,120	\$301		\$29,421	0.971	\$28,569	1.000	\$0.31
IP - Maternity	\$157,484	\$8,888	\$166,372	\$5,187	\$3,206	\$174,764	1.083	\$189,204	1.000	\$2.08
IP - Newborn	\$1,181,882	\$66,701	\$1,248,584	\$38,926	\$24,057	\$1,311,567	1.083	\$1,419,935	1.000	\$15.59
IP - Other	\$2,424,650	\$136,839	\$2,561,489	\$79,857	\$49,354	\$2,690,700	1.083	\$2,913,020	1.000	\$31.99
IP - Psych	\$2,778,127	\$156,788	\$2,934,915	\$36,451	(\$100,796)	\$2,870,570	1.581	\$4,539,473	1.000	\$49.85
Lab	\$834,307	\$46,946	\$881,253	\$9,140	(\$106,847)	\$783,546	0.959	\$751,080	1.000	\$8.25
OP - Emergency Room & Related	\$1,109,679	\$60,143	\$1,169,822	\$12,079		\$1,181,900	0.971	\$1,147,686	1.000	\$12.60
OP - Other	\$2,109,271	\$116,967	\$2,226,237	\$22,986		\$2,249,223	0.971	\$2,184,112	1.000	\$23.98
Pharmacy	\$17,118,382	(\$2,959,108)	\$14,159,274	\$155	(\$239,699)	\$13,919,729	1.063	\$14,799,621	1.000	\$162.52
Prof - Anesthesia	\$93,925	\$5,301	\$99,226	\$1,416		\$100,642	1.121	\$112,783	1.000	\$1.24
Prof - Child EPSDT	\$91,508	\$5,164	\$96,673	\$1,379	\$451	\$98,503	1.121	\$110,387	1.000	\$1.21
Prof - Evaluation & Management	\$3,989,254	\$223,208	\$4,212,462	\$60,101	\$53,496	\$4,326,059	1.121	\$4,847,974	1.000	\$53.24
Prof - Maternity	\$104,329	\$5,888	\$110,217	\$1,573	\$514	\$112,303	1.121	\$125,852	1.000	\$1.38
Prof - Other	\$2,257,992	\$127,434	\$2,385,426	\$34,034	\$11,130	\$2,430,589	1.121	\$2,723,827	1.000	\$29.91
Prof - Psych	\$2,869,045	\$161,482	\$3,030,527	\$43,238	\$14,139	\$3,087,905	1.121	\$3,460,443	1.000	\$38.00
Prof - Specialist	\$423,876	\$23,863	\$447,739	\$6,388	\$2,089	\$456,216	1.121	\$511,256	1.000	\$5.61
Prof - Vision	\$382,143	\$21,567	\$403,710	\$5,760	\$1,884	\$411,354	1.121	\$460,981	1.000	\$5.06
Radiology	\$777,378	\$43,790	\$821,168	\$8,516		\$829,684	0.959	\$795,307	1.000	\$8.73
Transportation/Ambulance	\$137,219	\$7,744	\$144,964	\$1,503		\$146,467	0.959	\$140,398	1.000	\$1.54
Non-ER Transportation	\$0	\$0	\$0	\$0		\$0	1.000	\$0	1.000	\$2.51
Total	\$39,870,781	(\$1,682,365)	\$38,188,416	\$381,052	(\$328,363)	\$38,241,105		\$42,294,723		\$466.97
Admin Cost Adjustment										\$37.26
Medallion 3.0 Capitation Rate										\$504.23

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care - Health Plan Encounter Data
Capitation Rates and Member Months

Exhibit 5a

Child Under 21	Statewide								
	FY 2015 AA	FY 2016 AA	% Change	FY 2015 FC	FY 2016 FC	% Change	FY 2015 AA and FC Weighted Average	FY 2016 AA and FC Weighted Average	% Change
MCO Capitation Rate	\$270.35	\$301.61	11.6%	\$453.53	\$468.98	3.4%	\$351.97	\$376.19	6.9%
March 2015 Member Months		5,761			4,630				

Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care - Fee-for-Service Data
Capitation Rates and Member Months

Exhibit 5b

Child Under 21	Statewide								
	FY 2015 AA	FY 2016 AA	% Change	FY 2015 FC	FY 2016 FC	% Change	FY 2015 AA and FC Weighted Average	FY 2016 AA and FC Weighted Average	% Change
FFS Capitation Rate	\$270.35	\$354.30	31.1%	\$453.53	\$505.06	11.4%	\$400.68	\$461.57	15.2%
December 2014 Member Months		109			269				

Note:

FY 2015 rates include behavior health waivers, third party liabilities, and residual MCO member months

December 2014 residual member months reflect those who may or may not become enrolled in managed care

Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care Expansion
Drug Reinsurance Adjustment

Exhibit 6

		MCO AA	MCO FC	FFS AA	FFS FC	Source
1a.	FY13 Number of Individuals Exceeding the Threshold	0	0	3	2	FY13 Health Plan Encounter / FFS Data
1b.	FY13 Total Dollars For Individuals Exceeding the Discounted Threshold	\$0	\$0	\$513,145	\$2,341,309	FY13 Health Plan Encounter / FFS Data
1c.	FY13 Trended to FY16 Total Dollars For Individuals Exceeding the Threshold	\$0	\$0	\$720,932	\$3,289,371	FY13 Health Plan Encounter / FFS Data
1d.	FY13 Amount of Reinsurance	\$0	\$0	\$243,839	\$2,690,434	= ((1c.) - ((1a.) * \$150,000)) * 90%
2a.	FY14 Number of Individuals Exceeding the Threshold	1	2	2	2	FY14 Health Plan Encounter / FFS Data
2b.	FY14 Total Dollars For Individuals Exceeding the Discounted Threshold	\$154,034	\$379,212	\$637,322	\$1,661,948	FY14 Health Plan Encounter / FFS Data
2c.	FY14 Trended to FY16 Total Dollars For Individuals Exceeding the Threshold	\$193,221	\$475,684	\$895,392	\$2,334,918	FY14 Health Plan Encounter / FFS Data
2d.	FY14 Amount of Reinsurance	\$38,899	\$158,115	\$535,853	\$1,831,426	= ((2c.) - ((2a.) * \$150,000)) * 90%
3.	Average Reinsurance Amount	\$19,449	\$79,058	\$389,846	\$2,260,930	= ((1d.) + (2d.)) / 2
4.	Annualized Historical Member Months	16,097	13,161	49,506	45,532	Health Plan Encounter / FFS Data
5.	Estimated PMPM	\$1.21	\$6.01	\$7.87	\$49.66	= (3.) / (4.)

Note:
Discounted threshold is based upon FY16 reinsurance threshold of \$150,000 per person per year discounted by 12% unit cost trend per year

Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care Expansion
Capitation Rates Net Drug Reinsurance Adjustment
Blended Capitation Rate for FFS and MCO

Exhibit 7

	Statewide	
	Adoption Assistance	Foster Care
FFS Capitation Rate	\$354.30	\$505.06
FFS Reinsurance Adjustment	\$7.87	\$49.66
MCO Capitation Rate	\$301.61	\$468.98
MCO Reinsurance Adjustment	\$1.21	\$6.01
Blending FFS Weight - By Historical Member Months	75%	78%
FY16 Final Blended Rate	\$341.37	\$496.97
FY16 Final Blended Reinsurance Adjustment	\$6.24	\$39.87
FY16 Final Blended Rate Net Reinsurance Adjustment	\$335.14	\$457.10

FY15 Final Rate	\$270.35	\$453.53
% Change	26.3%	9.6%

**Virginia Medicaid
FY 2016 Capitation Rate Development
Adoption Assistance and Foster Care Expansion
March 2015 Member Month Distribution**

Exhibit 8

Aid Category	Region							Regional Total
	Northern Virginia	Other MSA	Richmond/Charlottesvill	Rural	Tidewater	Roanoke-Alleghany	Far Southwest	
Adoption Assistance	784	630	1,075	610	1,159	801	702	5,761
Foster Care	729	433	956	416	921	672	503	4,630
MCO Total	1,513	1,063	2,031	1,026	2,080	1,473	1,205	10,391

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Historical Eligibility and Claims - ALTC

Exhibit 1a

Child								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	15,193	18,797						
Service Type								
DME/Supplies	\$3,214,714	\$3,493,365	\$211.59	\$185.85	15,937	14,199	\$159.32	\$157.06
FQHC / RHC	\$43,667	\$23,883	\$2.87	\$1.27	482	282	\$71.59	\$54.16
Home Health	\$473,937	\$579,391	\$31.19	\$30.82	350	323	\$1,069.84	\$1,145.04
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$683,207	\$0	\$44.97	\$0.00	7	0	\$75,911.94	-
IP - Other	\$4,467,188	\$4,359,313	\$294.03	\$231.92	304	206	\$11,603.09	\$13,538.24
IP - Psych	\$304,660	\$719,183	\$20.05	\$38.26	291	319	\$827.88	\$1,441.25
Lab	\$60,058	\$91,934	\$3.95	\$4.89	3,823	2,789	\$12.41	\$21.04
OP - Emergency Room & Related	\$492,764	\$475,829	\$32.43	\$25.31	1,047	894	\$371.90	\$339.63
OP - Other	\$3,232,678	\$3,362,653	\$212.77	\$178.89	5,519	5,327	\$462.60	\$402.95
Pharmacy	\$5,376,506	\$7,174,654	\$353.88	\$381.69	30,817	31,036	\$137.80	\$147.58
Prof - Anesthesia	\$128,638	\$117,756	\$8.47	\$6.26	419	406	\$242.26	\$185.15
Prof - Child EPSDT	\$14,486	\$31,634	\$0.95	\$1.68	668	483	\$17.12	\$41.84
Prof - Evaluation & Management	\$1,152,301	\$1,472,027	\$75.84	\$78.31	11,162	11,273	\$81.54	\$83.36
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$5,473,339	\$8,323,917	\$360.25	\$442.83	17,237	19,774	\$250.79	\$268.74
Prof - Psych	\$97,125	\$103,399	\$6.39	\$5.50	1,166	878	\$65.80	\$75.20
Prof - Specialist	\$343,763	\$313,279	\$22.63	\$16.67	1,194	958	\$227.36	\$208.85
Prof - Vision	\$49,086	\$66,280	\$3.23	\$3.53	570	453	\$67.99	\$93.35
Radiology	\$78,136	\$111,040	\$5.14	\$5.91	2,522	2,211	\$24.47	\$32.06
Transportation/Ambulance	\$183,480	\$230,423	\$12.08	\$12.26	5,271	4,609	\$27.50	\$31.91
Total	\$25,869,734	\$31,049,960	\$1,702.74	\$1,651.86				

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Historical Eligibility and Claims - ALTC

Exhibit 1a

Adult								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	23,910	30,652						
Service Type								
DME/Supplies	\$3,364,261	\$4,049,179	\$140.71	\$132.10	13,222	12,179	\$127.71	\$130.16
FQHC / RHC	\$292,911	\$237,568	\$12.25	\$7.75	2,140	1,509	\$68.71	\$61.64
Home Health	\$852,610	\$991,324	\$35.66	\$32.34	1,203	1,151	\$355.85	\$337.07
IP - Maternity	\$9,601	\$60,311	\$0.40	\$1.97	2	4	\$3,200.36	\$5,482.77
IP - Newborn	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Other	\$15,123,358	\$21,228,400	\$632.51	\$692.56	869	1,162	\$8,736.78	\$7,150.02
IP - Psych	\$690,552	\$986,289	\$28.88	\$32.18	448	615	\$773.29	\$627.41
Lab	\$198,867	\$277,360	\$8.32	\$9.05	12,071	7,942	\$8.27	\$13.67
OP - Emergency Room & Related	\$2,278,793	\$2,742,941	\$95.31	\$89.49	2,025	1,950	\$564.90	\$550.57
OP - Other	\$5,946,764	\$7,165,114	\$248.71	\$233.76	5,007	5,910	\$596.11	\$474.61
Pharmacy	\$11,689,818	\$16,529,732	\$488.91	\$539.27	84,410	84,285	\$69.50	\$76.78
Prof - Anesthesia	\$122,985	\$145,423	\$5.14	\$4.74	354	423	\$174.20	\$134.53
Prof - Child EPSDT	\$19,743	\$39,754	\$0.83	\$1.30	880	821	\$11.26	\$18.97
Prof - Evaluation & Management	\$2,798,416	\$3,730,503	\$117.04	\$121.71	19,890	20,282	\$70.61	\$72.01
Prof - Maternity	\$6,381	\$4,222	\$0.27	\$0.14	3	13	\$1,063.44	\$131.94
Prof - Other	\$2,307,819	\$2,881,735	\$96.52	\$94.01	9,642	9,054	\$120.12	\$124.61
Prof - Psych	\$164,660	\$171,354	\$6.89	\$5.59	1,489	847	\$55.50	\$79.18
Prof - Specialist	\$1,009,883	\$1,298,187	\$42.24	\$42.35	3,283	3,222	\$154.37	\$157.74
Prof - Vision	\$99,829	\$124,586	\$4.18	\$4.06	627	594	\$79.86	\$82.07
Radiology	\$500,572	\$654,655	\$20.94	\$21.36	6,505	6,787	\$38.62	\$37.76
Transportation/Ambulance	\$1,169,311	\$1,375,823	\$48.90	\$44.89	24,981	20,497	\$23.49	\$26.28
Total	\$48,647,131	\$64,694,457	\$2,034.59	\$2,110.61				

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Pharmacy Adjustment

Exhibit 2a

	ALTC Child	ALTC Adult	Source
1. Health Plan Total Drug Cost PMPM	\$369.26	\$517.20	FY13-14 Health Plan Encounter Data
2. Health Plan Drug Ingredient Cost PMPM	\$365.60	\$507.58	Health Plan Encounter Analysis
3. Change in Average Managed Care Discount	0.5%	0.5%	From Plan Data
4. Current Average Managed Care Rebate	1.7%	1.7%	From Plan Data
5. FY16 Managed Care Dispensing Fee PMPM	\$3.54	\$9.66	From Plan Data
6. Average PBM Admin Cost PMPM	\$1.58	\$4.05	From Plan Data
7. Adjusted PMPM with FY16 Pharmacy Pricing Arrangements	\$362.98	\$510.54	$= (2.) * (1 - (3.)) * (1 - (4.)) + (5.) + (6.)$
8. Pharmacy Adjustment	-1.7%	-1.3%	$= (7.) / (1.) - 1$

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

Exhibit 2b

	ALTC Child	Source
1. Claims Associated with Exempt Infant Formula	\$96,386	FY13-14 Health Plan Encounter Data
2. Total Claims in DME/Supplies Service Category	\$6,708,079	FY13-14 Health Plan Encounter Data
3. Exempt Infant Formula Carveout Adjustment	-1.4%	= (1.) / (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Hospital Inpatient Adjustments

Exhibit 2c

	<u>ALTC</u>		Source
	IP - Med/Surg	IP - Psych	
1a. FY13 Total Claims in IP Service Categories	\$20,283,354	\$995,212	FY13 Health Plan Encounter Data
1b. FY14 Total Claims in IP Service Categories	\$25,648,024	\$1,705,472	FY14 Health Plan Encounter Data
2. FY13-14 Hospital Capital Percentage	10.2%	10.2%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	0.0%	9.2%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
4b. Dollar Change	\$850,241	(\$59,747)	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5. Hospital Inpatient Adjustment	1.9%	-2.2%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2d

	ALTC	Source
1a. FY13 Total Claims in IP Service Categories	\$995,212	FY13 Health Plan Encounter Data
1b. FY14 Total Claims in IP Service Categories	\$1,705,472	FY14 Health Plan Encounter Data
2. FY13-14 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	9.2%	FY13-14 Health Plan Encounter Data
4a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
4b. Dollar Change	(\$793)	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5. Freestanding Psychiatric Hospital Rate Adjustment	-0.03%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
DME Fee Adjustment

Exhibit 2e

	ALTC	Source
1. Claims Associated with DME/Supplies Service Category	\$14,121,518	FY13-14 Health Plan Encounter Data
2. Proportion of Claims subject to change	\$2,888,057	Provided by DMAS
3a. FY15 DME Fee Change	-32.5%	Provided by DMAS
3b. Dollar Change	(\$939,402)	= (2.) * (3a.)
4. DME Fee Adjustment	-6.7%	= (3b.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Hepatitis C Treatment Adjustment

Exhibit 2f

	ALTC Child	ALTC Adult	Source
1. Total Claims in Pharmacy Service Categories	\$12,551,159	\$28,219,550	FY13-14 Health Plan Encounter Data
2. Unique Individuals in Base Period	2,049	3,921	FY13-14 Health Plan Encounter Data
3a. Proportion of Population Being Tested for Hepatitis C	1.0%	5.3%	FY13-14 Health Plan Encounter Data
3b. Number of Individuals Being Tested	21	209	FY13-14 Health Plan Encounter Data
3c. Projected Testing Change in FY15	15%	35%	Estimate
3d. Additional Number of People Being Tested	3	73	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$61.70	\$61.70	FY13-14 Health Plan Encounter Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.10%	6.2%	FY13-14 Health Plan Encounter Data
4b. Number of Individuals Diagnosed With Hepatitis C	2	245	FY13-14 Health Plan Encounter Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	2	257	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.0%	1.6%	FY13-14 Health Plan Encounter Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	0	4	FY13-14 Health Plan Encounter Data
5c. Increase in Proportion of Hepatitis C Receiving Drug Therapy	30%	30%	Estimate
5d. Projected Number of Additional People Going Through Drug Therapy	0	1	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e. Average Cost of Current Drug Therapy	\$60,000	\$60,000	FY13-14 Health Plan Encounter Data
5f. Average Cost of New Drug Therapy	\$90,000	\$90,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$194	\$255,913	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7. Hepatitis C Treatment Adjustment	0.0%	0.9%	= (6.) / (1.)

Note: Based on analysis of FY13 - FY14 base data experience

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Provider Incentive Payment Adjustment

Exhibit 2g

	ALTC	Source
Provider Incentive Payment Adjustment	0.1%	From Plan Data

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Emergency Room Triage Adjustment

Exhibit 2h

	ALTC	Source
1. Total Claims in Prof - Evaluation & Management	\$9,153,247	FY13-14 Health Plan Encounter Data
2. FY13-14 Number of Claims in ER Triage Level 3	737	FY13-14 Health Plan Encounter Data
3. ER Cost No Triage Level 3	\$44.67	FY13-14 Health Plan Encounter Data
4. ER Triage Cost	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (2 years)	\$16,662	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.2%	= (5.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Resource Based Relative Value Scale Adjustment

Exhibit 2i

	ALTC	Source
1. Professional Fee Adjustment - Effective FY16	-0.2%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	88%	FY13-14 Health Plan Encounter Data
3. Final Professional Fee Adjustment	-0.2%	= (1.) * (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Administrative Cost Adjustment

Exhibit 2j

	ALTC	Source
1. Claims Adjustment Expense PMPM	\$50.12	Expense from CY2014 BOI Reports; CY2014 Member months from capitation payment files
2. General Admin Expense PMPM	\$88.13	Expense from CY2014 BOI Reports; CY2014 Member months from capitation payment files
3. Claims Adjustment Expense Increase %	0.8%	BLS CPI-U
4. General Admin Expense Increase %	2.6%	Weighted average of BLS Compensation Trend and CPI
5a. Administrative PMPM*	\$142.31	$= (1.) * (1 + (3.)) ^ (18 \text{ months}/12) + (2.) * (1 + (4.)) ^ (18 \text{ months}/12)$
5b. Administrative PMPM Weighted by Claims	\$95.33	Reallocation of administrative costs weighted by claims
6. Adjusted and Trended Base PMPM	\$2,057.97	Weighted average of medical component of FY2016 Med3.0 Base Rates
7. Administrative allowance as % of Base Capitation Rate	4.36%	$= (5b.) / (((5b.) + (6.)) / (1 - 1.5\%))$
8. Contribution to Reserves as % of Base Capitation Rate	1.50%	Provided by DMAS
9. Administrative Factor as % of Base Capitation Rate	5.9%	$= (7.) + (8.)$

*Note:
Administrative increases are applied from midpoint of CY2014 to the midpoint of the contract period (18 months) using compound interest calculations

Virginia Medicaid

Exhibit 3a

FY 2016 Capitation Rate Development

ALTC / HAP Expansion - Health Plan Encounter Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ALTC Child

	ALTC Child Categories							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
Category of Service	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		1.9%	3.3%					
Inpatient Psychiatric		-2.2%	-0.9%					
Outpatient Hospital		0.0%	1.4%					
Practitioner		-0.1%	1.2%					
Prescription Drug		-1.7%	-0.3%					
Other		-7.3%	-6.0%					
Weighted Average ²	1.4%	-1.1%	0.3%	0.6%	3.5%	4.1%	5.2%	1.1239
Months of Trend Applied				12	12	12	18	

¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

Exhibit 3b

FY 2016 Capitation Rate Development

ALTC / HAP Expansion - Health Plan Encounter Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - ALTC Adult

Category of Service	ALTC Adult Categories							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		1.9%	3.1%					
Inpatient Psychiatric		-2.2%	-1.0%					
Outpatient Hospital		0.0%	1.3%					
Practitioner		-0.1%	1.2%					
Prescription Drug		-0.4%	0.8%					
Other		-4.3%	-3.1%					
Weighted Average ²	1.3%	0.0%	1.3%	3.8%	-2.1%	1.7%	0.0%	1.0166

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibits 4.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for managed care plans are calculated based on regression studies of historical health plan data.

Utilization trend is based on service units per thousand.

Data period trends are applied from the weighted midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Acute and Long term Care (ALTC)

Exhibit 4a

Child									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$6,708,079		\$6,708,079	\$92,612	(\$550,117)	\$6,250,573	1.124	\$7,024,955	\$206.68
FQHC / RHC	\$67,551		\$67,551	\$932.60		\$68,483	1.124	\$76,968	\$2.26
Home Health	\$1,053,328		\$1,053,328	\$14,542.23		\$1,067,871	1.124	\$1,200,169	\$35.31
IP - Maternity	\$0		\$0	\$0		\$0	1.124	\$0	\$0.00
IP - Newborn	\$683,207		\$683,207	\$9,432	\$12,822	\$705,461	1.124	\$792,861	\$23.33
IP - Other	\$8,826,501		\$8,826,501	\$121,859	\$165,644	\$9,114,004	1.124	\$10,243,135	\$301.36
IP - Psych	\$1,023,843		\$1,023,843	\$9,105	(\$23,155)	\$1,009,793	1.124	\$1,134,896	\$33.39
Lab	\$151,992		\$151,992	\$1,841		\$153,833	1.124	\$172,891	\$5.09
OP - Emergency Room & Related	\$968,593		\$968,593	\$13,372		\$981,965	1.124	\$1,103,620	\$32.47
OP - Other	\$6,595,330		\$6,595,330	\$91,055		\$6,686,385	1.124	\$7,514,759	\$221.09
Pharmacy	\$12,551,159		\$12,551,159	\$173,281	(\$216,263)	\$12,508,178	1.124	\$14,057,812	\$413.59
Prof - Anesthesia	\$246,394		\$246,394	\$3,402		\$249,795	1.124	\$280,742	\$8.26
Prof - Child EPSDT	\$46,120		\$46,120	\$637	(\$77)	\$46,680	1.124	\$52,463	\$1.54
Prof - Evaluation & Management	\$2,624,328		\$2,624,328	\$36,106	\$463	\$2,660,897	1.124	\$2,990,555	\$87.98
Prof - Maternity	\$0		\$0	\$0		\$0	1.124	\$0	\$0.00
Prof - Other	\$13,797,256		\$13,797,256	\$190,506	(\$23,026)	\$13,964,735	1.124	\$15,694,822	\$461.75
Prof - Psych	\$200,525		\$200,525	\$1,751	(\$333)	\$201,943	1.124	\$226,962	\$6.68
Prof - Specialist	\$657,042		\$657,042	\$9,071	(\$1,097)	\$665,017	1.124	\$747,406	\$21.99
Prof - Vision	\$115,366		\$115,366	\$1,025	(\$192)	\$116,199	1.124	\$130,595	\$3.84
Radiology	\$189,176		\$189,176	\$2,612		\$191,788	1.124	\$215,549	\$6.34
Transportation/Ambulance	\$413,904		\$413,904	\$4,454		\$418,358	1.124	\$470,188	\$13.83
Provider Incentive Payment Adjustment									\$1.49
Total	\$56,919,694		\$56,919,694	\$777,595	(\$635,330)	\$57,061,958		\$64,131,347	\$1,888.27
Admin Cost Adjustment									\$117.55
Medallion 3.0 Capitation Rate									\$2,005.82

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Acute and Long term Care (ALTC)

Exhibit 4a

Adult									
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14*	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments ¹	Policy and Program Adjustments ²	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	PMPM FY16
Service Type									
DME/Supplies	\$7,413,439		\$7,413,439	\$92,864	(\$499,340)	\$7,006,963	1.017	\$7,123,623	\$130.56
FQHC / RHC	\$530,479		\$530,479	\$6,645.00		\$537,124	1.017	\$546,067	\$10.01
Home Health	\$1,843,934		\$1,843,934	\$23,097.87		\$1,867,032	1.017	\$1,898,116	\$34.79
IP - Maternity	\$69,912		\$69,912	\$876	\$1,310	\$72,098	1.017	\$73,298	\$1.34
IP - Newborn	\$0		\$0	\$0		\$0	1.017	\$0	\$0.00
IP - Other	\$36,351,758		\$36,351,758	\$455,357	\$681,341	\$37,488,455	1.017	\$38,112,602	\$698.52
IP - Psych	\$1,676,841		\$1,676,841	\$12,188	(\$37,862)	\$1,651,166	1.017	\$1,678,656	\$30.77
Lab	\$476,227		\$476,227	\$5,588		\$481,814	1.017	\$489,836	\$8.98
OP - Emergency Room & Related	\$5,021,734		\$5,021,734	\$62,904		\$5,084,638	1.017	\$5,169,292	\$94.74
OP - Other	\$13,111,877		\$13,111,877	\$164,245		\$13,276,122	1.017	\$13,497,157	\$247.37
Pharmacy	\$28,219,550	\$1,263,269	\$29,482,819	\$353,490	(\$113,927)	\$29,722,382	1.017	\$30,217,231	\$553.81
Prof - Anesthesia	\$268,408		\$268,408	\$3,362		\$271,770	1.017	\$276,295	\$5.06
Prof - Child EPSDT	\$59,496		\$59,496	\$745	(\$99)	\$60,142	1.017	\$61,144	\$1.12
Prof - Evaluation & Management	\$6,528,919		\$6,528,919	\$81,609	\$1,151	\$6,611,679	1.017	\$6,721,757	\$123.19
Prof - Maternity	\$10,603		\$10,603	\$133	(\$18)	\$10,718	1.017	\$10,896	\$0.20
Prof - Other	\$5,189,554		\$5,189,554	\$65,064	(\$8,650)	\$5,245,968	1.017	\$5,333,308	\$97.75
Prof - Psych	\$336,014		\$336,014	\$2,426	(\$557)	\$337,882	1.017	\$343,508	\$6.30
Prof - Specialist	\$2,308,069		\$2,308,069	\$28,912	(\$3,847)	\$2,333,134	1.017	\$2,371,978	\$43.47
Prof - Vision	\$224,415		\$224,415	\$2,269	(\$373)	\$226,311	1.017	\$230,079	\$4.22
Radiology	\$1,155,227		\$1,155,227	\$14,471		\$1,169,698	1.017	\$1,189,172	\$21.79
Transportation/Ambulance	\$2,545,134		\$2,545,134	\$29,972		\$2,575,106	1.017	\$2,617,979	\$47.98
Provider Incentive Payment Adjustment									\$1.71
Total	\$113,341,588		\$114,604,857	\$1,406,216	\$19,129	\$116,030,203		\$117,961,995	\$2,163.69
Admin Cost Adjustment									\$134.70
Medallion 3.0 Capitation Rate									\$2,298.39

¹ Completion Factor Adjustment is applied to non-capitated claims only

² Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

* Dollars added to pharmacy base claims to reflect additional cost of Hep C treatment at the end of the base period.

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-For-Service Data
Historical Eligibility and Claims - Health and Acute Care Program (HAP)

Exhibit 1b

Child								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	17,977	18,141						
Service Type								
DME/Supplies	\$4,480,349	\$4,544,928	\$249.22	\$250.54	15,604	14,836	\$191.66	\$202.65
FQHC / RHC	\$14,867	\$12,818	\$0.83	\$0.71	121	110	\$81.69	\$76.76
Home Health	\$829,098	\$1,000,281	\$46.12	\$55.14	1,428	1,214	\$387.43	\$545.11
IP - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
IP - Newborn	\$251,874	\$168,866	\$14.01	\$9.31	9	6	\$19,374.91	\$18,762.84
IP - Other	\$2,635,994	\$2,066,610	\$146.63	\$113.92	158	122	\$11,122.34	\$11,170.87
IP - Psych	\$69,702	\$147,289	\$3.88	\$8.12	67	118	\$690.12	\$827.46
Lab	\$114,719	\$93,809	\$6.38	\$5.17	5,193	3,983	\$14.75	\$15.58
OP - Emergency Room	\$227,397	\$231,269	\$12.65	\$12.75	532	492	\$285.32	\$310.85
OP - Other	\$1,916,997	\$1,960,894	\$106.63	\$108.09	4,257	4,471	\$300.61	\$290.12
Pharmacy	\$4,687,415	\$5,497,573	\$260.74	\$303.06	25,866	25,762	\$120.96	\$141.16
Prof - Anesthesia	\$59,579	\$54,891	\$3.31	\$3.03	265	246	\$150.07	\$147.56
Prof - Child EPSDT	\$5,681	\$4,317	\$0.32	\$0.24	346	253	\$10.97	\$11.27
Prof - Evaluation & Management	\$736,360	\$723,359	\$40.96	\$39.88	7,336	6,946	\$67.00	\$68.89
Prof - Maternity	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Prof - Other	\$5,275,874	\$5,006,264	\$293.47	\$275.97	11,259	12,221	\$312.77	\$270.99
Prof - Psych	\$58,840	\$25,698	\$3.27	\$1.42	730	314	\$53.83	\$54.21
Prof - Specialist	\$214,265	\$184,198	\$11.92	\$10.15	706	699	\$202.52	\$174.43
Prof - Vision	\$42,678	\$45,900	\$2.37	\$2.53	497	517	\$57.29	\$58.77
Radiology	\$111,833	\$136,396	\$6.22	\$7.52	1,536	1,476	\$48.60	\$61.11
Transportation/Ambulance	\$35,343	\$46,777	\$1.97	\$2.58	196	238	\$120.21	\$129.94
Non-ER Transportation	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Total	\$21,768,865	\$21,952,136	\$1,210.90	\$1,210.12				

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-For-Service Data
Historical Eligibility and Claims - Health and Acute Care Program (HAP)

Exhibit 1b

Adult								
Statewide	Total Claims FY13	Total Claims FY14	Unadjusted PMPM FY13	Unadjusted PMPM FY14	Units/1000 FY13	Units/1000 FY14	Cost/Unit FY13	Cost/Unit FY14
Member Months	19,301	18,440						
Service Type								
DME/Supplies	\$4,500,168	\$4,198,522	\$233.16	\$227.69	21,373	20,466	\$130.91	\$133.50
FQHC / RHC	\$114,172	\$95,097	\$5.92	\$5.16	768	716	\$92.45	\$86.45
Home Health	\$12,646	\$13,573	\$0.66	\$0.74	602	699	\$13.05	\$12.64
IP - Maternity	\$12,894	\$8,908	\$0.67	\$0.48	2	1	\$3,223.53	\$4,454.06
IP - Newborn	\$28,864	\$0	\$1.50	\$0.00	1	0	\$14,431.77	-
IP - Other	\$16,157,817	\$15,626,627	\$837.15	\$847.45	859	791	\$11,691.62	\$12,850.84
IP - Psych	\$220,705	\$79,709	\$11.43	\$4.32	233	79	\$588.55	\$658.75
Lab	\$611,156	\$438,320	\$31.66	\$23.77	28,412	21,255	\$13.37	\$13.42
OP - Emergency Room	\$1,176,718	\$1,062,646	\$60.97	\$57.63	1,719	1,520	\$425.58	\$454.90
OP - Other	\$5,336,874	\$5,138,654	\$276.51	\$278.68	8,133	8,164	\$407.96	\$409.62
Pharmacy	\$9,688,326	\$9,213,128	\$501.96	\$499.64	82,706	77,030	\$72.83	\$77.84
Prof - Anesthesia	\$90,641	\$81,900	\$4.70	\$4.44	390	362	\$144.33	\$147.04
Prof - Child EPSDT	\$8,153	\$6,859	\$0.42	\$0.37	834	681	\$6.08	\$6.56
Prof - Evaluation & Management	\$2,249,828	\$2,022,881	\$116.57	\$109.70	20,514	19,346	\$68.19	\$68.05
Prof - Maternity	\$6,989	\$4,744	\$0.36	\$0.26	9	10	\$499.19	\$316.28
Prof - Other	\$1,886,886	\$1,545,943	\$97.76	\$83.84	12,626	11,589	\$92.91	\$86.81
Prof - Psych	\$56,601	\$19,990	\$2.93	\$1.08	617	232	\$57.00	\$55.99
Prof - Specialist	\$764,823	\$738,871	\$39.63	\$40.07	2,572	2,582	\$184.87	\$186.25
Prof - Vision	\$62,913	\$57,442	\$3.26	\$3.12	584	567	\$67.00	\$65.95
Radiology	\$369,019	\$330,975	\$19.12	\$17.95	6,914	6,255	\$33.19	\$34.44
Transportation/Ambulance	\$363,885	\$306,419	\$18.85	\$16.62	2,430	2,166	\$93.11	\$92.07
Non-ER Transportation	\$0	\$0	\$0.00	\$0.00	0	0	-	-
Total	\$43,720,080	\$40,991,209	\$2,265.17	\$2,223.01				

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-For-Service Data
Pharmacy Adjustment

Exhibit 2a

	HAP Child	HAP Adult	Source
1a. Member Months	36,118	37,741	FY13-14 HAP Data
1b. FFS Scripts	78,779	251,297	FY13-14 HAP Data
1c. FFS Net Payments	\$10,302,694	\$18,872,373	FY13-14 HAP Data
2a. FFS Annual Utilization per 1000 Members	26,174	79,902	= (1b.) / (1a.) * 12000
2b. All MCO Annual Utilization per 1000 Members	30,938	84,340	FY13-14 Health Plan Encounter Data
3. FFS Net Cost PMPM	\$285.25	\$500.06	= (1c.) / (1a.)
4. FFS Net Cost per Script	\$130.78	\$75.10	= (1c.) / (1b.)
5. Average FFS Copayment per Script	\$0.00	\$0.02	FY13-14 HAP Data
6. Average FFS value of Dispensing Fees	\$3.47	\$3.48	FY13-14 HAP Data
7. FFS Ingredient Cost per Script	\$127.31	\$71.63	= (4.) + (5.) - (6.)
8. Average MCO Rebate	1.7%	1.7%	From MCO Plan Data
9. FFS Ingredient Cost per Script with Rebate	\$125.18	\$70.43	= (7.) * (1 - (8.))
10. Brand-Generic Improvement Adjustment	0.991	1.000	Assumes a shift to MCO Brand-Generic Mix in 3 years
11. Adjusted FFS Ingredient Cost per Script with Brand-Generic Improvement Adjustment	\$124.09	\$70.43	= (9.) * (10.)
12. MCO Average Dispensing Fees	\$1.34	\$1.34	From MCO Plan Data
13. Adjusted Cost per Script	\$125.44	\$71.78	= (11.) + (12.)
14. MCO Average PBM Admin Cost PMPM	\$3.10	\$3.10	From MCO Plan Data
15. Adjusted Cost PMPM	\$276.70	\$481.02	= (13.) * (1b.) / (1a.) + (14.)
16. Pharmacy Adjustment Factor	-3.0%	-3.8%	= (15.) / (3.) - 1

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Exempt Infant Formula Carveout Adjustment

Exhibit 2b

	HAP Child	Source
1. Claims Associated with Exempt Infant Formula	\$96,386	FY13-14 Health Plan Encounter Data (ALTC)
2. Total Claims in DME/Supplies Service Category	\$6,708,079	FY13-14 Health Plan Encounter Data (ALTC)
3. Exempt Infant Formula Carveout Adjustment	-1.4%	= - (1.) / (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Hospital Inpatient Adjustments

Exhibit 2c

	<u>HAP Child and Adult</u>		Source
	IP - Med/Surg	IP - Psych	
1a. FY13 Total Claims in IP Service Categories	\$20,283,354	\$995,212	FY13 Health Plan Encounter Data (ALTC)
1b. FY14 Total Claims in IP Service Categories	\$25,648,024	\$1,705,472	FY14 Health Plan Encounter Data (ALTC)
2. FY13-14 Hospital Capital Percentage	10.2%	10.2%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	0.0%	9.2%	FY13-14 Health Plan Encounter Data (ALTC)
4a. FY14 Hospital Rate Change	4.7%	-7.4%	Provided by DMAS
4b. Dollar Change	\$850,241	(\$59,747)	= (1a.) * (1 - (2.)) * (1 - (3.)) * (4a.)
5. Hospital Inpatient Adjustment	1.9%	-2.2%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Freestanding Psychiatric Hospital Rate Adjustment

Exhibit 2d

	HAP Child and Adult	Source
1a. FY13 Total Claims in IP Service Categories	\$995,212	FY13 Health Plan Encounter Data (ALTC)
1b. FY14 Total Claims in IP Service Categories	\$1,705,472	FY14 Health Plan Encounter Data (ALTC)
2. FY13-14 Hospital Capital Percentage	3.9%	Provided by DMAS
3. % Excluded Claims from Freestanding Psych Hospitals	9.2%	FY13-14 Health Plan Encounter Data (ALTC)
4a. FY14 Hospital Rate Change	-0.9%	Provided by DMAS
4b. Dollar Change	(\$793)	= (1a.) * (1 - (2.)) * (3.) * (4a.)
5. Freestanding Psychiatric Hospital Rate Adjustment	-0.03%	= (4b.) / ((1a.) + (1b.))

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
Non-ER Transportation Adjustment

Exhibit 2e

	HAP Child	HAP Adult	Source
Non-ER Transportation Rate	\$13.39	\$31.50	From DMAS - Rates Effective October 1, 2014

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
DME Fee Adjustment

Exhibit 2f

	HAP Child and Adult	Source
1. Claims Associated with DME/Supplies Service Category	\$17,723,969	FY13-14 FFS HAP Data
2. Claims Associated with DME Fee Change	\$2,916,889	Provided by DMAS
3a. FY15 DME Fee Change	-34.3%	Provided by DMAS
3b. Dollar Change	(\$999,633)	= (2.) * (3a.)
4. DME Fee Adjustment	-5.6%	Provided by DMAS

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
Lab Fee Adjustment

Exhibit 2g

	HAP Child and Adult	Source
1. Lab Fee Adjustment	-12.0%	Provided by DMAS - Rates Effective FY15

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee For Service Data
Hepatitis C Treatment Adjustment

Exhibit 2h

	HAP Child	HAP Adult	Source
1. Total Claims in Pharmacy Service Categories	\$10,184,988	\$18,901,454	FY13-14 FFS HAP Data
2. Unique Individuals in Base Period	2,774	3,207	FY13-14 FFS HAP Data
3a. Proportion of Population Being Tested for Hepatitis C	0.4%	3.7%	FY13-14 FFS HAP Data
3b. Number of Individuals Being Tested	12	119	FY13-14 FFS HAP Data
3c. Projected Testing Change in FY16	15%	35%	Estimate
3d. Additional Number of People Being Tested	2	42	= (3b.) * (3c.)
3e. Average Cost Per Test Per Person	\$29.68	\$29.68	FY13-14 FFS HAP Data
4a. Proportion of Population Diagnosed With Hepatitis C	0.04%	5.8%	FY13-14 FFS HAP Data
4b. Number of Individuals Diagnosed With Hepatitis C	1	187	FY13-14 FFS HAP Data
4c. Projected Increase in People Diagnosed With Hepatitis C	5%	5%	Estimate
4d. Projected Number of People With Hepatitis C	1	196	= (4b.) * (1 + (4c.))
5a. Proportion of People With Hepatitis C With Drug Therapy	0.0%	1.6%	FY13-14 FFS HAP Data
5b. Number of Individuals With Hepatitis C With Drug Therapy in Base Period	0	3	FY13-14 FFS HAP Data
5c. Increase in Proportion of Hepatitis C Receiving Drug Therapy	30%	30%	Estimate
5d. Projected Number of Additional People Going Through Drug Therapy	0	1	= (4d.) * (5a.) * (1 + (5c.)) - (5b.)
5e. Average Cost of Current Drug Therapy	\$60,000	\$60,000	FY13-14 FFS HAP Data
5f. Average Cost of New Drug Therapy	\$90,000	\$90,000	Estimate
6. Additional Cost of Hepatitis C Treatment	\$53	\$189,786	= ((3d.) * (3e.)) + ((5f.) - (5e.)) * (5b.) + (5d.) * (5f.)
7. Hepatitis C Treatment Adjustment	0.0%	1.0%	= (6.) / (1.)

Note: Based on analysis of FY13 - FY14 base data experience

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
Emergency Room Triage Adjustment

Exhibit 2i

	HAP Child and Adult	Source
1. Total Claims in Prof - Evaluation & Management	\$5,732,428	FY13-14 FFS HAP Data
2. FY13-14 Number of Claims in ER Triage Level 3	1,918	FY13-14 FFS HAP Data
3. ER Cost No Triage Level 3	\$43.57	Provided by DMAS
4. ER Triage Cost	\$22.06	Provided by DMAS
5. FY16 ER Triage Financial Impact (2 years)	\$41,256	= (2.) * ((3.) - (4.))
6. FY16 ER Triage Adjustment	0.7%	= (5.) / (1.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
Resource Based Relative Value Scale Adjustment

Exhibit 2j

	HAP Child and Adult	Source
1. Professional Fee Adjustment - Effective FY16	0.5%	Provided by DMAS
2. Proportion of claims subject to fee adjustment	88%	FY13-14 FFS HAP Data
3. Final Professional Fee Adjustment	0.5%	= (1.) * (2.)

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
Managed Care Adjustment

Exhibit 2k

Service Category	HAP Child	HAP Adult	Source
All Service Categories	28.7%	12.6%	Managed Care Adjustment

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Administrative Cost Adjustment

Exhibit 2I

	HAP Child and Adult	Source
1. Administrative allowance as % of Base Capitation Rate	4.36%	As applied for Medallion ALTC Rates
2. Contribution to Reserves as % of Base Capitation Rate	1.50%	Provided by DMAS
3. Administrative Factor as % of Base Capitation Rate	5.9%	= (1.) + (2.)

*Note:

Administrative increases are applied from midpoint of CY2014 to the midpoint of the contract period using compound interest calculations

Virginia Medicaid

Exhibit 3a

FY 2016 Capitation Rate Development

ALTC / HAP Expansion - Fee-For-Service Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Health and Acute Care Program (HAP) Child

	Health and Acute Care Program Child Under 21							
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend	Total Trend Factor
Category of Service	IBNR	Policy/ Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend		
Inpatient Medical/Surgical		1.9%	2.3%					
Inpatient Psychiatric		-2.2%	-1.8%					
Outpatient Hospital		0.0%	0.4%					
Practitioner		0.5%	1.0%					
Prescription Drug		-3.0%	-2.6%					
Other		-6.9%	-6.5%					
Weighted Average ²	0.4%	-1.9%	-1.4%	3.3%	0.2%	3.5%	5.2%	1.1168

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibit 4. Managed care savings adjustment are excluded.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for the Health and Acute Care Program (HAP) population are calculated based on regression studies of FFS data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

Exhibit 3b

FY 2016 Capitation Rate Development

ALTC / HAP Expansion - Fee-For-Service Data

Incurred But Not Reported (IBNR), Policy/Program, and Trend Adjustments - Health and Acute Care Program (HAP) Adult

Category of Service	Health and Acute Care Program Adult 21 and Over						
	Completion and Policy/Program Adjustments			Data Period Trend			Contract Period Cost and Utilization Trend
	IBNR	Policy/Program ¹	Total Base Data Adjustments	Cost Trend	Utilization Trend	Cost and Utilization Trend	
Inpatient Medical/Surgical		1.9%	2.3%				
Inpatient Psychiatric		-2.2%	-1.8%				
Outpatient Hospital		0.0%	0.4%				
Practitioner		0.8%	1.2%				
Prescription Drug		-2.8%	-2.4%				
Other		-5.5%	-5.2%				
Weighted Average²	0.4%	-0.6%	-0.2%	9.1%	-8.9%	-0.6%	0.0%
							0.9940

Months of Trend Applied	12	12	12	18
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¹ The Policy and Program Adjustments are summarized in this table as weighted averages and are applied at the rate cell level in Exhibit 4. Managed care savings adjustment are excluded.

² Weighted averages for Completion and Program Adjustments are calculated using a distribution by Service Type, before Trend and Adjustments (Total Claims FY13-14), whereas weighted averages for Trends are calculated using a distribution by Service Type, before Trend (Adjusted FY13-14 Claims)

Trend rates for the Health and Acute Care Program (HAP) population are calculated based on regression studies of FFS data.

Trend rates have been calculated separately for the broad service categories shown above. Utilization trend is based on service units per thousand.

Data period trends are applied from the midpoint of the data period to the end of the data period using compound interest calculations; includes FY13-14 incurred claims paid through Oct 2014.

Contract period trends are applied from the end of the data period to the midpoint of the contract period using compound interest calculations; includes FY12-14 incurred claims paid through Feb 2015.

Total Trend = [(1 + data period trend) ^ (months/12) * (1 + contract period trend) ^ (months/12)]

Virginia Medicaid

Exhibit 4b

FY 2016 Capitation Rate Development ALTC / HAP Expansion - Fee-for-Service Data Health and Acute Care Program (HAP) Child

Child Under 21										
Statewide	Total Base Claims FY13-14	Base Claims Redistribution FY13-14	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments	Policy and Program Adjustments ¹	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	Managed Care Utilization Adjustment	PMPM FY16
Service Type										
DME/Supplies	\$9,025,277	\$0	\$9,025,277	\$39,203.03	(\$641,482)	\$8,422,999	1.117	\$9,406,947	1.287	\$335.31
FQHC / RHC	\$27,686	\$0	\$27,686	\$120		\$27,806	1.117	\$31,054	1.287	\$1.11
Home Health	\$1,829,378	\$0	\$1,829,378	\$7,946		\$1,837,324	1.117	\$2,051,955	1.287	\$73.14
IP - Maternity	\$0	\$0	\$0	\$0		\$0	1.117	\$0	1.287	\$0.00
IP - Newborn	\$420,739	\$0	\$420,739	\$1,828	\$7,822	\$430,389	1.117	\$480,666	1.287	\$17.13
IP - Other	\$4,702,604	\$0	\$4,702,604	\$20,427	\$87,429	\$4,810,459	1.117	\$5,372,402	1.287	\$191.50
IP - Psych	\$216,991	\$0	\$216,991	\$943	(\$4,885)	\$213,048	1.117	\$237,936	1.287	\$8.48
Lab	\$208,529	\$0	\$208,529	\$906	(\$25,132)	\$184,302	1.117	\$205,832	1.287	\$7.34
OP - Emergency Room & Related	\$458,666	\$0	\$458,666	\$1,992		\$460,658	1.117	\$514,471	1.287	\$18.34
OP - Other	\$3,877,891	\$0	\$3,877,891	\$16,844		\$3,894,735	1.117	\$4,349,706	1.287	\$155.04
Pharmacy	\$10,184,988	\$0	\$10,184,988	\$44,240	(\$306,620)	\$9,922,608	1.117	\$11,081,736	1.000	\$306.82
Prof - Anesthesia	\$114,469	\$0	\$114,469	\$497		\$114,967	1.117	\$128,397	1.287	\$4.58
Prof - Child EPSDT	\$9,998	\$0	\$9,998	\$43	\$46	\$10,087	1.117	\$11,266	1.287	\$0.40
Prof - Evaluation & Management	\$1,459,719	\$0	\$1,459,719	\$6,341	\$17,268	\$1,483,328	1.117	\$1,656,606	1.287	\$59.05
Prof - Maternity	\$0	\$0	\$0	\$0		\$0	1.117	\$0	1.287	\$0.00
Prof - Other	\$10,282,138	\$0	\$10,282,138	\$44,662	\$47,314	\$10,374,115	1.117	\$11,585,986	1.287	\$412.98
Prof - Psych	\$84,537	\$0	\$84,537	\$367	\$389	\$85,294	1.117	\$95,257	1.287	\$3.40
Prof - Specialist	\$398,463	\$0	\$398,463	\$1,731	\$1,834	\$402,027	1.117	\$448,991	1.287	\$16.00
Prof - Vision	\$88,578	\$0	\$88,578	\$385	\$408	\$89,370	1.117	\$99,810	1.287	\$3.56
Radiology	\$248,228	\$0	\$248,228	\$1,078		\$249,307	1.117	\$278,430	1.287	\$9.92
Transportation/Ambulance	\$82,120	\$0	\$82,120	\$357		\$82,477	1.117	\$92,112	1.287	\$3.28
Non-ER Transportation	\$0	\$0	\$0	\$0		\$0	1.000	\$0	1.287	\$13.39
Total	\$43,721,001	\$0	\$43,721,001	\$189,911	(\$815,610)	\$43,095,302		\$48,129,558		\$1,640.76
Admin Cost Adjustment										\$101.31
Medallion 3.0 Capitation Rate										\$1,742.07

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

Virginia Medicaid

Exhibit 4b

FY 2016 Capitation Rate Development ALTC / HAP Expansion - Fee-for-Service Data Health and Acute Care Program (HAP) Adult

Adult 21 and Over										
Statewide	Total Base Claims FY13-14	Base Claims Redistribution and Adjustments FY13-14*	Total Redistributed Base Claims FY13-14	Completion Factor Adjustments	Policy and Program Adjustments ¹	Completed and Adjusted Claims FY13-14	Trend Adjustment	Completed & Trended Claims FY16	Managed Care Utilization Adjustment	PMPM FY16
Service Type										
DME/Supplies	\$8,698,690	\$0	\$8,698,690	\$36,105	(\$492,643)	\$8,242,152	0.994	\$8,192,975	1.126	\$244.38
FQHC / RHC	\$209,269	\$0	\$209,269	\$869		\$210,138	0.994	\$208,884	1.126	\$6.23
Home Health	\$26,219	\$0	\$26,219	\$109		\$26,328	0.994	\$26,171	1.126	\$0.78
IP - Maternity	\$21,802	\$0	\$21,802	\$90	\$405	\$22,298	0.994	\$22,165	1.126	\$0.66
IP - Newborn	\$28,864	\$0	\$28,864	\$120	\$537	\$29,520	0.994	\$29,344	1.126	\$0.88
IP - Other	\$31,784,445	\$0	\$31,784,445	\$131,925	\$590,808	\$32,507,178	0.994	\$32,313,224	1.126	\$963.84
IP - Psych	\$300,414	\$0	\$300,414	\$1,247	(\$6,762)	\$294,899	0.994	\$293,139	1.126	\$8.74
Lab	\$1,049,476	\$0	\$1,049,476	\$4,356	(\$126,460)	\$927,372	0.994	\$921,839	1.126	\$27.50
OP - Emergency Room & Related	\$2,239,365	\$0	\$2,239,365	\$9,295		\$2,248,660	0.994	\$2,235,243	1.126	\$66.67
OP - Other	\$10,475,528	\$0	\$10,475,528	\$43,480		\$10,519,008	0.994	\$10,456,246	1.126	\$311.89
Pharmacy	\$18,901,454	\$914,157	\$19,815,611	\$82,247	(\$557,665)	\$19,340,193	0.994	\$19,224,800	1.000	\$509.39
Prof - Anesthesia	\$172,542	\$0	\$172,542	\$716		\$173,258	0.994	\$172,224	1.126	\$5.14
Prof - Child EPSDT	\$15,012	\$0	\$15,012	\$62	\$69	\$15,144	0.994	\$15,053	1.126	\$0.45
Prof - Evaluation & Management	\$4,272,708	\$0	\$4,272,708	\$17,734	\$50,536	\$4,340,979	0.994	\$4,315,078	1.126	\$128.71
Prof - Maternity	\$11,733	\$0	\$11,733	\$49	\$54	\$11,836	0.994	\$11,765	1.126	\$0.35
Prof - Other	\$3,432,829	\$0	\$3,432,829	\$14,248	\$15,793	\$3,462,871	0.994	\$3,442,210	1.126	\$102.67
Prof - Psych	\$76,591	\$0	\$76,591	\$318	\$352	\$77,261	0.994	\$76,800	1.126	\$2.29
Prof - Specialist	\$1,503,695	\$0	\$1,503,695	\$6,241	\$6,918	\$1,516,854	0.994	\$1,507,804	1.126	\$44.98
Prof - Vision	\$120,355	\$0	\$120,355	\$500	\$554	\$121,409	0.994	\$120,684	1.126	\$3.60
Radiology	\$699,995	\$0	\$699,995	\$2,905		\$702,900	0.994	\$698,706	1.126	\$20.84
Transportation/Ambulance	\$670,304	\$0	\$670,304	\$2,782		\$673,086	0.994	\$669,070	1.126	\$19.96
Non-ER Transportation	\$0	\$0	\$0	\$0		\$0	1.000	\$0	1.126	\$31.50
Total	\$84,711,289	\$914,157	\$85,625,446	\$355,400	(\$517,504)	\$85,463,342		\$84,953,426		\$2,501.46
Admin Cost Adjustment										\$153.77
Medallion 3.0 Capitation Rate										\$2,655.22

¹ Policy and Program Adjustments are calculated based on Completed Claims = Total Base Claims + Completion Factor Adjustment.

* Dollars added to pharmacy base claims to reflect additional cost of Hep C treatment at the end of the base period.

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Health Plan Encounter Data
Capitation Rates and Member Months

Exhibit 5a

	Statewide					
	Child			Adult		
	FY15	FY16	% Change	FY15	FY16	% Change
ALTC Capitation Rate	\$1,906.83	\$2,005.82	5.19%	\$2,132.21	\$2,298.39	7.79%
March 2015 Member Months		3,223			4,693	

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion - Fee-for-Service Data
Capitation Rates and Member Months

Exhibit 5b

	Statewide					
	Child			Adult		
	FY15	FY16	% Change	FY15	FY16	% Change
FFS HAP Capitation Rate	\$1,320.33	\$1,742.07	31.94%	\$2,295.98	\$2,655.22	15.65%
December 2014 Member Months		246			150	

Note:

December 2014 residual member months reflect those who may or may not become enrolled in managed care

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion
Drug Reinsurance Adjustment

Exhibit 6

		MCO ALTC Child	MCO ALTC Adult	FFS HAP Child	FFS HAP Adult	Source
1a.	FY13 Number of Individuals Exceeding the Threshold	3	4	0	3	FY13 Health Plan Encounter / FFS Data
1b.	FY13 Total Dollars For Individuals Exceeding the Discounted Threshold	\$956,745	\$675,716	\$0	\$373,915	FY13 Health Plan Encounter / FFS Data
1c.	FY13 Trended to FY16 Total Dollars For Individuals Exceeding the Threshold	\$1,344,158	\$949,333	\$0	\$525,324	FY13 Health Plan Encounter / FFS Data
1d.	FY13 Amount of Reinsurance	\$804,742	\$314,400	\$0	\$67,792	= ((1c.) - ((1a.) * \$150,000)) * 90%
2a.	FY14 Number of Individuals Exceeding the Threshold	5	5	3	0	FY14 Health Plan Encounter / FFS Data
2b.	FY14 Total Dollars For Individuals Exceeding the Discounted Threshold	\$2,062,383	\$902,791	\$398,165	\$0	FY14 Health Plan Encounter / FFS Data
2c.	FY14 Trended to FY16 Total Dollars For Individuals Exceeding the Threshold	\$2,587,053	\$1,132,461	\$499,458	\$0	FY14 Health Plan Encounter / FFS Data
2d.	FY14 Amount of Reinsurance	\$1,653,348	\$344,214	\$44,512	\$0	= ((2c.) - ((2a.) * \$150,000)) * 90%
3.	Average Reinsurance Amount	\$1,229,045	\$329,307	\$22,256	\$33,896	= ((1d.) + (2d.)) / 2
4.	Annualized Historical Member Months	16,995	27,281	18,059	18,870	Health Plan Encounter / FFS Data
5.	Estimated PMPM	\$72.32	\$12.07	\$1.23	\$1.80	= (3.) / (4.)

Note:
Discounted threshold is based upon FY16 reinsurance threshold of \$150,000 per person per year discounted by 12% unit cost trend per year

Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion
Capitation Rates Net Drug Reinsurance Adjustment
Blended Capitation Rate for FFS HAP and MCO ALTC

Exhibit 7

	Statewide	
	Child	Adult
FFS HAP Capitation Rate	\$1,742.07	\$2,655.22
FFS HAP Reinsurance Adjustment	\$1.23	\$1.80
MCO ALTC Capitation Rate	\$2,005.82	\$2,298.39
MCO ALTC Reinsurance Adjustment	\$72.32	\$12.07
Blending FFS Weight - By Historical Member Months	52%	41%
FY16 Final Blended Rate	\$1,869.94	\$2,444.29
FY16 Final Blended Reinsurance Adjustment	\$35.70	\$7.87
FY16 Final Blended Rate Net Reinsurance Adjustment	\$1,834.24	\$2,436.42

FY15 Final Blended Rate	\$1,585.32	\$2,210.89
% Change	18.0%	10.6%

**Virginia Medicaid
FY 2016 Capitation Rate Development
ALTC / HAP Expansion
March 2015 Member Month Distribution**

Exhibit 8

	Region							
Aid Category	Northern Virginia	Other MSA	Richmond/ Charlottesville	Rural	Tidewater	Roanoke- Alleghany	Far Southwest	Regional Total
ALTC								
Child	877	299	595	405	602	363	82	3,223
Adult	790	403	1,067	598	1,105	485	245	4,693
ALTC Total	1,667	702	1,662	1,003	1,707	848	327	7,916